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ABSTRACT

This document is a curriculum module designed to assist secondary school home economic teachers in teaching students about aging. The three major purposes of this module are to provide data-based information on aging related to needs of students to enhance intergenerational contact; to facilitate the expansion of intergenerational contacts by providing experiential activities with older people; and to provide a multi-functional curriculum for any home economics course at any secondary grade level. The introductory sections of the module describe definitions, the organization of the module, application of basic skills, evaluation strategies, and ways to develop intergenerational contacts for students. The module contains four units: (1) perceptions of older people and the aging process; (2) biological/physiological aspects of aging; (3) demographic trends of aging; and (4) intergenerational communication. For each unit, there is a list of major objectives and subobjectives. Units are organized in double pages of four columns that include subobjectives, generalizations, learning activities, and resources. Individual learning activities are number-coded to link the activity to the corresponding generalization. A variety of learning activities and resources are suggested so that teachers may select those most applicable. The appendices, one for each unit, contain factsheets, activity sheets, graphs, case studies, and other materials to aid in teaching the curriculum. (NB)

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Enhancing Intergenerational Contact

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ENHANCING INTERGENERATIONAL CONTACT

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INTRODUCTION

Teaching about aging has increasingly become an important thrust in education. This is due to the demographic trends which point out the growing number of older people in our society and the belief that understanding the process of aging is an important general concept to be learned. Home economics programs have been identified as a logical place to teach about aging due to the emphasis in home economics on human development and the family.

Enhancing Intergenerational Contact is a curriculum module designed to assist secondary home economics teachers teach about aging. Prior to the development of the curriculum module, a statewide survey of 790 secondary students (grades 7, 9, 10, 11, 12) in Iowa was conducted in order to determine their knowledge, attitudes and experiences in relation to older adults. The results showed that secondary students generally had positive attitudes toward older people, but their knowledge of aging was low, particularly in areas such as demographics of aging, biology of aging, personality traits and interests of older people, competence/effectiveness of older people, and services to older people. Finally, secondary students were overwhelmingly (92%) having regular contact with at least one older person, usually a grandmother or grandfather.

These data suggest that although youth are having contact with older people and generally have positive attitudes toward them, their knowledge levels point toward the need for education about aging. In other words, the contact that youth have with elderly can be enhanced by providing relevant information on aging. This is supported by research evidence which indicates that systematic instruction on aging has a positive impact on attitudes toward the elderly[1].

There are three major purposes of the curriculum module, Enhancing Intergenerational Contact:

1. Provide data-based information on aging, related to the needs of secondary students as identified in the study, to enhance intergenerational contact.

2. Facilitate the expansion of intergenerational contacts by providing experiential activities with older people throughout the curriculum.

3. Provide a multi-functional curriculum that can be used in any home economics course and at any grade level (middle/junior high through high school).

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[1] Struntz, K. A., & Reville, S. (1985). Growing Together: An Intergenerational Sourcebook. American Association of Retired Persons and the Elvirita Lewis Foundation.

The curriculum module includes four major concepts:

1. Perceptions of Older People and the Aging Process

2. Biological/Physiological Aspects of Aging

3. Demographic Trends of Aging

4. Intergenerational Communication

For each major concept, major objectives were developed. From the major objectives, subobjectives and generalizations were formulated. Learning activities were developed to help students exhibit the behaviors in each objective and to express each generalization. Resources were included to assist the teacher in implementing the learning activities.

The following process was used in developing the curriculum module:

1. A conceptual framework, incorporating the four major concepts, was developed and reviewed by gerontology specialists, teacher educators, secondary home economics teachers and an older adult resource person.

2. Major objectives, subobjectives and generalizations were developed and reviewed by gerontology specialists.

3. Learning activities were developed and resources were identified. A draft of the complete curriculum module was then reviewed by secondary home economics teachers.

DEFINITIONS

INTERGENERATIONAL CONTACT:	Informal interaction or exchange between any two generations. For this curriculum module, the focus will be on contact between youth 12 to 18 years of age and older persons who may be 60 years of age or older.
MAJOR OBJECTIVE:	The knowledge skills and attitudes the learners will demonstrate at the end of the instructional program. Major objectives are the same as program goals.
SUBOBJECTIVE:	The type of behavior the learner is expected to exhibit as a result of participating in the learning activities and developing generalizations.
GENERALIZATION:	Statement that expresses an underlying truth, has an element of universality, and usually indicates relationships between concepts.
LEARNING ACTIVITIES:	Opportunities provided for the learners to interact with the content under consideration. The two components of a learning activity are content and teaching techniques.
RESOURCES:	All instructional materials, print and nonprint, needed to carry out suggested learning activities.

ORGANIZATION OF MODULE

Enhancing Intergenerational Contact includes four units that correspond to the major concepts identified:

Unit 1: Perceptions of Older People and the Aging Process

Unit 2: Biological/Physiological Aspects of Aging

Unit 3: Demographic Trends of Aging

Unit 4: Intergenerational Communication

For each unit, there is a divider page and a listing of major objectives and subobjectives. Following this page are double pages with four columns that include subobjectives, generalizations, learning activities and resources. The major concept is stated across the top of the page on the left. A small ● placed in the left side margin indicates a new subobjective is being introduced.

Individual learning activities listed in the third column are numbered. The first number at the left of each learning activity identifies the generalization to which it corresponds. Following the decimal point is the number of the learning activity associated with the generalization. For example, 3.2 written before a learning activity indicates that it is the second activity developed for generalization three. When two numbers separated by a dash (e.g., 1.0-4.0) are found at the left of a learning activity, the learning activity will contribute to generalizations indicated (e.g., one through four).

In some instances, a small symbol appears in the margin at the left of the learning activity. The symbols used and the significance of each are:

● - the activity may be adaptable for middle/junior high school

- the activity represents an experiential activity with older person(s)

A variety of learning activities and resources are suggested so that a teacher may select those most applicable. In fact, it is not expected that a teacher would teach all four units as outlined. A more practical and efficient approach would be to select and choose those objectives, generalizations and learning activities appropriate for the needs of students and the course in which the aging-related content is to be included.

Suggested resources for each learning activity are also listed in the section on "Resources." In this section, complete information

is given so that the materials can be identified, borrowed, and/or ordered. In some instances, a brief annotation is given to assist the teacher in making decisions about which resources to select.

An Appendix, which is included for each unit, includes fact sheets, activity sheets, graphs, case studies and other materials to help in teaching the content. It was felt that substantial Appendix materials were needed, because many home economics teachers have not received information on aging at the preservice level. Each sheet in the Appendix is labeled with the unit number and consecutive lettering (e.g., 1-A, 1-B, 1-C, etc.).

APPLICATION OF BASIC SKILLS

The use of Enhancing Intergenerational Contact provides an opportunity to apply some of basic skills in teaching. The unit on "Biological/Physiological Aspects of Aging" includes information on physical changes and physical losses that occur with aging and health-related concerns of older people. In teaching this information, it may be helpful to work with a biology teacher to provide the appropriate depth of information. The unit on "Demographic Trends of Aging" can be used to reinforce basic mathematics skills, particularly in computing means and percentages and reading graphs and tables. The units on "Perceptions of Older People and the Aging Process" and "Intergenerational Communication" provide the opportunity to develop language arts skills through the writing of letters, essays, journals and other creative assignments and through interacting (speaking and listening) with other students and selected older people. All four units provide opportunities for students to analyze, synthesize and make judgments, thereby contributing to their development of critical thinking skills.

EVALUATION STRATEGIES

Although no formal evaluation instruments have been included in the curriculum module, there are several learning activities that could be used as nonformal evaluation strategies. Some might include:

- Interviews with older people on application of definitions of old
- Reports of older persons and their contributions
- Futuristic essay on what students will be like in year 2060
- Activity sheet on body system changes
- Planning and preparation of a meal for older person that meets dietary guidelines
- Log or journal of students' thoughts and feelings during interactions with older people
- Scrapbook that includes pictures, copies of letters, memorabilia, etc. that results from relationship with older person
- Planning and implementation of Recognition Activity for older persons

DEVELOPING INTERGENERATIONAL CONTACTS FOR STUDENTS

An integral part of the curriculum module, Enhancing Intergenerational Contact, is the students' experience of interacting with older people. It is suggested at the beginning of the instruction on aging that students select an older person with whom to develop an ongoing relationship. Because the literature on attitudes toward older people does not conclusively indicate that contact with older people is related to positive attitudes[1], care needs to be taken in setting up an intergenerational contact. The following are some considerations:

1. Characteristics of older people. Although students need to understand the diversity of older people in society, it may be more appropriate initially for them to have contact with "well elderly" or those who are active and healthy. This is particularly important if students have had limited contact with older people previously. After some one-on-one interaction with a well elderly person, experiences can be designed with older people who may be less healthy and less active.

2. Characteristics of students. Care needs to be taken to ensure that students are responsible in their contacts with older people. It could be very disturbing to the older person if the student does not follow through with appointments and activities as planned. If there is a tendency for some students not to be responsible, they could be paired with a more dependable student for the visitations. In addition, some of the following checks can be used to evaluate how the visits are going:

   o make telephone calls directly to older person

   o review logs or journals

   o have students share in class experiences they have had with older person

3. Where to locate older people. There are various places where older people can be identified for an intergenerational project. It may be appropriate to select one agency or organization to work with. For example, a class might identify a senior center in the community with individuals from the senior center selected to interact with students. An advantage to this approach is that a careful matching of student and older person might take place because the

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[1] Struntz, K. A., & Reville, S. (1985). Growing Together. An Intergenerational Sourcebook. American Association of Retired Persons and The Elvirita Lewis Foundation.

teacher and senior center director would know the individuals involved.

The following is a list of some possible organizations or groups where older people might be identified:

- o Area Agency on Aging (list is included in Resources section)
- o Retired Senior Volunteer Program
- o Local chapters of American Association of Retired Persons
- o Senior centers
- o Senior clubs
- o Nursing homes
- o Retirement apartment complexes

4. Organization. It is very important that the intergenerational contacts be well-organized, particularly the first few visits. Students need to know the purposes of and have some structured activities for each unit. Some points for facilitating organization are:

   - o Develop an information sheet for both student and older person that contains background information (name, address, telephone number, etc.)
   - o Determine where contact will take place and make certain it is a comfortable setting for both student and older person
   - o Get students' input in structuring activity so they feel comfortable during visit
   - o Provide class time for orientation prior to visit and for feedback following visit

5. Types of interaction. The curriculum module contains several different activities for the student to carry out with the older person, including conducting interviews, making observations, sharing items of value, writing letters, and preparing meals, among others. Although the diversity of activities is important, it is also of concern that in the implementation activities are:

   - o Meaningful to both student and older person
   - o Intimate rather than casual
   - o Prestige-building rather than patronizing

Discussing the activities with the students prior to the visits and stressing these three points will enhance the interaction between student and older person.

6. Recognition. Some type of recognition activity is a critical component in an intergenerational project. A tea, reception, dinner or some other means of bringing together students and older people will help to finalize the project and say "thank you" to those who participated. Planning the recognition activity also would be a valuable experience for the students, assisting them in developing management skills. The older people involved will feel appreciated for the time they have given, and may be more likely to participate in the future. Finally, having a recognition activity would provide an excellent opportunity for using the media to promote the home economics program.

Unit 1: Perceptions of Older People and the Aging Process

Unit 1: Perceptions of Older People and the Aging Process

Major Objectives and Subobjectives:

The student will

1. Assess the meaning of "old" in relation to intergenerational communication.

   1.1 Associate chronological, biological, psychological, and sociological definitions of "old" in relation to older people.

2. Distinguish facts from myths and stereotypes regarding older people and the aging process.

   2.1 Relate facts on aging to psychological, biological, and sociological myths and stereotypes.

3. Develop realistic perceptions of older people and the aging process.

   3.1 Identify practices that would promote realistic perceptions of older people and the aging process.

4. Evaluate one's perceptions of older people and the aging process in relation to self, older people, and society.

   4.1 Analyze personal and societal attitudes in relation to youth and older people.

Unit 1: Perceptions of Older People and the Aging Process

OBJECTIVES	GENERALIZATIONS

LEARNING ACTIVITIES	RESOURCES
Introductory activities	
1. Prepare bulletin board prior to introducing Unit 1. Title the board, "Glimpses of the Elderly." Have students bring in photographs of elderly relatives and magazine pictures of older people. Try to get a diversity of older people in pictures -- healthy and unhealthy, "young-old" and "old-old," those from minority (Blacks, Asians, Hispanics) and majority groups, etc. Point out the diversity of older people in our families, communities and society.	
2. Have students brainstorm the variety of words used to describe older people. For example: o "elderly" o "senior citizen" o "older person" o "elder" o "old folks" o "gramps" Discuss how words may have different connotations (both negative and positive) for older people.	
3. Have students review list of definitions related to aging (Appendix 1-A) and complete word find activity (Appendix 1-B). Discuss definitions.	Definitions on Aging. Appendix 1-A. Word Find on Aging. Appendix 1-B.
4. Have students select an older person in their family or community. (See information on p. 8 for assistance in setting up intergenerational contacts.) Prior to beginning of unit, have students visit older person briefly to get acquainted. In introductory lesson, have students share some of their first impressions of older person.	

Unit 1: Perceptions of Older People and the Aging Process

OBJECTIVES	GENERALIZATIONS

LEARNING ACTIVITIES	RESOURCES
5. Have students keep a log of their feelings and impressions during the unit. Log can include the following: o daily entries regarding what they have learned and how they feel about their learning o impressions of their visits with selected older person o personal reactions to how others perceive older people and aging 6. Have students keep scrapbook of items they collect during visits with older person. Items might include: o pictures, heirlooms and memorabilia (sketches might be used instead of actual item) o copies of letters or other correspondence o copies of class assignments (interviews, observations, etc.)	

Unit 1: Perceptions of Older People and the Aging Process

OBJECTIVES	GENERALIZATIONS
Associate chronological, biological, psychological, and sociological definitions of "old" in relation to older people.	1. Chronological age is measured by number of years lived usually expressed as age at last birthday. 2. Biological age is based on functional attributes of individuals such as physical appearance, mobility, strength, coordination and mental capacity. 3. Psychological age is based on the individual's ability to adapt to changing environmental demands in terms of capacity for learning (knowledge, skills and attitudes) and capacity for feelings and emotions. 4. Sociological age is based on society's perceptions and role expectations of people at different stages (e.g., adolescence, young adulthood, middle age, late maturity and old age).

LEARNING ACTIVITIES	RESOURCES
1.1 Have students do a "round robin" activity on "what is old." Have each student give the age that comes to mind when they hear the word "old." Write lists of ages on board. Discuss how there are different views on what age is "old."	
1.2 - 4.1 Lead discussion on "what is old" by asking students the following: o How would you define the word "old"? o What age would someone have to be to be considered old? o What physical signs show that a person is old? o How does society determine when someone is old? Point out how "old" can be viewed from a person's actual age, physical signs of aging, and outlook on life ("You are as old as you feel"). "Old" also can be viewed as how old society says a person is.	
1.3 - 4.2 Using "What Is Old?" Sheet (Appendix 1-C), discuss with students the four definitions of old: o chronological o biological o psychological o sociological Have students give examples of how each definition might be applied.	What Is Old. Appendix 1-C.
4.3 Have students complete "Ages and Activities" sheet (Appendix 1-D). Draw on blackboard time line similar to one on activity sheet. As a group, have students discuss where they would place activities on time line and why. Discuss how society has perceptions and expectations of people at different stages during the life span. Have students relate how society's role expectations might affect older people's behavior and willingness to get involved in certain activities.	Ages and Activities. Appendix 1-D.

Unit 1: Perceptions of Older People and the Aging Process

OBJECTIVES	GENERALIZATIONS
Associate chronological, biological, psychological, and sociological definitions of "old" in relation to older people.	4. Sociological age is based on society's perceptions and role expectations of people at different stages (e.g., adolescence, young adulthood, middle age, late maturity and old age). (Continued)
	5. Perception of older people may be based on one's definition of old.

LEARNING ACTIVITIES	RESOURCES
4.4 Have students complete "My Personal Feelings about Growing Old" (Appendix 1-E). o Develop a class profile by counting how many students selected each point on the scale. o Have students discuss reasons for their choices. o Discuss how feelings about their old age may affect their attitudes toward older people and the aging process. o Point out how personal attitudes toward old age influence societal attitudes.	My Personal Feelings about Growing Old. Appendix 1-E.
4.5 Invite a person from another country who may be visiting the community to discuss perceptions and role expectations of older people in his/her culture. Have students discuss cultural differences in sociological age.	
5.1 Have students interview an older person, using "Interview Guide" (Appendix 1-F) to determine how definitions of old can be applied. (See information on p. 8 for assistance on how to set up intergenerational contacts.) Have students share their impressions of older person, focusing on the following questions: o Did the person seem biologically and chronologically the same age? Why or why not? o What was the relationship between the person's chronological age and psychological age? o Were the person's activities and organizations those associated with society's expectations of older people? Why or why not?	Interview Guide. Appendix 1-F.

Unit 1: Perceptions of Older People and the Aging Process

OBJECTIVES	GENERALIZATIONS
Relate facts on aging to psychological, biological, and sociological myths and stereotypes.	1. Some common psychological myths and stereotypes of old age are myths of change in personality traits, myth of inflexibility, myth of disengagement, and myth of mental impairment. 2. Some common biological myths are myths of physical impairment and disability, myth of poor health and myth of sexual dysfunction. 3. Some common sociological myths are myths of unproductivity in work and family life, myth of isolation, myth of institutionalization, and myth of religiosity. 4. Beliefs in myths and stereotypes of older people and the aging process are minimized by knowledge of facts on aging.

LEARNING ACTIVITIES	RESOURCES
1.1 Ask students what comes to mind - when they hear the word "myth" 4.1 or "stereotype." Discuss their interpretations of these words. Point out that both myth and stereotype refer to an oversimplified and misleading belief about a group or segment of society.	
1.2 Distribute "What I Know About - Aging" (Appendix 1-G) and ask 4.2 students to complete individually. Review students' responses, using answer sheet (Appendix 1-H) as a guide. Discuss how not knowing facts on aging can lead to stereotyping. Lead discussion. o Why do some people believe stereotypes about older people? o How might the belief of stereotypes affect attitudes toward older people? o How will knowing facts about older people affect our relationship with them?	What I Know About Aging. Appendix 1-G. Answers to What I Know About Aging. Appendix 1-H. Ralston, P. (1978). Teaching Young about the Old: An Advocacy for Education about Aging. Illinois Teacher, 21, pp. 216-222.
1.3 Show filmstrip, "OK to Be Old: - Approaches to Aging" (Part 1: 4.3 How Old is Old). Review post-viewing discussion questions in teacher's guide.	Filmstrip: OK to Be Old: Approaches to Aging. Sunburst Communications.

Unit 1: Perceptions of Older People and the Aging Process

OBJECTIVES	GENERALIZATIONS
Relate facts on aging to psychological, biological and sociological myths and stereotypes.	5. Beliefs in myths and stereotypes of older people and the aging process are influenced by the environment in which we interact.

LEARNING ACTIVITIES	RESOURCES
5.1 Have students identify ways in which the environment influences our beliefs in myths and stereotypes of older people. Some possible responses might be: o media - newspapers - television - magazines - movies - radio o people - friends - family members o organizations - churches - youth groups - schools Have students give examples of ways that each might influence our beliefs in myths and stereotypes about older people.	
5.2 Examine how mass media depict older people. Have students: o collect ads, cartoons, newspapers and magazine articles that portray older people o write short descriptions of television shows that have an older character o for each item brought to class, decide how it reinforces or dispels a stereotyped belief about aging or the elderly o discuss how mass media attempt to keep us looking, acting and feeling young	Ralston, P. (1978). Teaching the Young About the Old: An Advocacy for Education About Aging. Illinois Teacher, 21, pp. 216-222.
5.3 Have students complete "Media Watch" (Appendix 1-I), and discuss their findings. This activity can be completed as a homework assignment or as an in class activity. For the latter, a television program can be videotaped for educational purposes and shown to students while in class.	Media Watch. Appendix 1-I.

Unit 1: Perceptions of Older People and the Aging Process

OBJECTIVES	GENERALIZATIONS
Relate facts on aging to psychological, biological and sociological myths and stereotypes.	5. Beliefs in myths and stereotypes of older people and the aging process are influenced by the environment in which we interact. (Continued)

LEARNING ACTIVITIES	RESOURCES
5.4 Lead students in a brainstorming session of television shows and movies that depict positive views of older people. Some might include: o Movies - On Golden Pond - Cocoon - Sunshine Boys o Television shows - Golden Girls - Murder She Wrote - Bill Cosby Show Discuss how characters in these films depict positive but realistic views of older people.	
5.5 Show film, "After Autumn" or videotape, "A Piano for Mrs. Cimino." Have students take notes on what movie character's life is like. Following film, discuss character's life in relation to myths and stereotypes. Have students contrast character's life with older people they know.	Film: After Autumn. Iowa State University Films. Videotape: A Piano for Mrs. Cimino. Iowa State University Films.

Unit 1: Perceptions of Older People and the Aging Process

OBJECTIVES	GENERALIZATIONS
Identify practices that would promote realistic perceptions of older people and the aging process.	1. Realistic perceptions about the aged and the aging process can be learned through knowledge of and diverse experiences with older people.

LEARNING ACTIVITIES	RESOURCES
1.1 Have students complete reports on older people who have made major contributions to the local community or to society in general. Assist students in identifying individuals in the community. Distribute "List of Older Persons and Their Contributions" (Appendix 1-J) for ideas of well-known older people. Reports could include the following: o biological data (age, birthplace, family background, etc.) o summary of contributions person has made to community or society and at what age these contributions were made o student's personal impressions regarding the older person reported on Have students share reports in class, discussing how the older person in report defies stereotypes of aging.	List of Older Persons and Their Contributions. Appendix 1-J.
1.2 Observe human behavior - For one week in public places, such as grocery stores, laundromats or family settings, have students listen and record statements that concern older persons and record actions such as someone helping an older person with their groceries. Record both positive and negative statements and actions, as well as where and when they occurred - Have students write a short paper on their observations addressing the following questions: - What stereotyping was observed? - How did you feel about the statements or the behavior? - How have these observations affected your own behavior and thoughts in regard to older people?	Ralston, P. (1978). Teaching the Young About the Old: An Advocacy for Education About Aging. Illinois Teacher, 21, pp. 216-222. Jackson, M. A. (1979). Aging: A Revised Unit for High School Home Economics Students. Iowa City: University of Iowa.

Unit 1: Perceptions of Older People and the Aging Process

OBJECTIVES	GENERALIZATIONS
Identify practices that would promote realistic perceptions of older people and the aging process.	1. Realistic perceptions about the aged and the aging process can be learned through knowledge of and diverse experiences with older people. (Continued)
Analyze personal and societal attitudes in relation to youth and older people.	1. Exploring one's personal attitudes towards older people and the aging process may enhance intergenerational understanding.

LEARNING ACTIVITIES	RESOURCES
1.3 Have students do volunteer work with older people at senior center, retirement home, nursing home, apartment complex, congregate meal program as an experience of one to two weeks. o Keep log or diary of experiences. Have students share experiences with class indicating how more realistic perceptions of older people have been obtained. 1.1 Have students individually make a list of words that come to mind when they think of older people. Some words might be: - gentle - wise - difficult - mean - sweet - smart - sick - grouchy Go around room and have each student contribute one word to make a class list. Discuss list, identifying positive and negative words and analyzing reasons for choice of words. Then repeat activity, having students identify words associated with young people. Some words might be: - fast - rude - busy - friendly - loud - healthy - fun - mysterious Point out that both young and old age groups have positive and negative words associated with them. Discuss how analyzing positives and negatives can help foster intergenerational understanding.	

Unit 1: Perceptions of Older People and the Aging Process

OBJECTIVES	GENERALIZATIONS
Analyze personal and societal attitudes in relation to youth and older people.	1. Exploring one's personal attitudes towards older people and the aging process may enhance intergenerational understanding. (Continued)
	2. Older people's personal attitudes toward youth may affect intergenerational understanding.

LEARNING ACTIVITIES	RESOURCES
1.2 Have students write a futuristic essay on what they will be like in the year 2060. Have them answer the following questions as part of essay: o What is life like in 2060? o What do you look like now that you are older? o What is your family life like now? o Do you have much contact with young people? In general, how do they react to you? Have students share essays with class. Discuss how personal attitudes towards aging can be reflected in one's thoughts about own aging.	
2.1 Invite panel of older people representing various segments of the community. Have panel members compare and contrast their lifestyle to those of young people in society today. Some topics for discussion might include: o dress and appearance o food preferences o music preferences o language and word usage o need for friendship and companionship o need for love Have students ask questions regarding early life of older people and their personal views regarding young people. Lead discussion, pointing out that attitudes and lifestyle preferences of both young and old can affect intergenerational understanding.	
2.2 Show videotape, "Old Enough to Care" (Part 5). Discuss how older people and younger people have similar needs which can enhance intergenerational understanding.	Videotape: Old Enough to Care (Part 5). Corporation for Public Broadcasting.

Unit 2: Biological/Physiological Aspects of Aging

Major Objectives and Subobjectives:

The student will

1. Determine biological/physiological changes that occur with aging.

   1.1 Describe the various physical changes that are observable with aging.

   1.2 Explain changes that take place in various body systems with aging.

   1.3 Identify relationship between changes in body systems and observable physical changes that occur with aging.

   1.4 Give examples of physical losses that occur with aging.

   1.5 Identify ways in which older people adjust to physical losses.

   1.6 Identify health-related concerns associated with aging.

2. Develop, in relationships with older people, empathy for biological/physiological changes that occur with aging.

   2.1 Perceive symptoms of physical losses that occur with aging.

Unit 2: Biological/Physiological Aspects of Aging

OBJECTIVES	GENERALIZATIONS
Describe the various physical changes that are observable with aging.	1. The most observable indicators of aging are changes in physical appearance. 2. Some of the various physical changes of aging are changes in hair color and thickness, wrinkling and discoloration of the skin, change in height, and change in body posture.

LEARNING ACTIVITIES	RESOURCES
1.1 Ask students to bring to class a photograph of an elderly relative or friend, or a magazine picture of an elderly person for display. Have them develop a collage entitled "Glimpses of the Elderly" on a bulletin board. (See introductory activities to Unit 1.) Ask them to look closely at the pictures on display and identify any signs of aging. Write responses on the board. Ask students to tell what other physical signs of aging they have observed in older people. Add their responses to the list on the board. Summarize these physical signs and point out that they are typical indicators of aging. 1.2 Brainstorm with students observable signs of aging in relation to changes in physical appearance. List these on the blackboard, then discuss that physical changes that occur with aging can be put into categories as follows: o Skin changes - wrinkling of skin - liver spots/sun spots - thinning of the skin o Hair changes - thinning of hair - change in color (graying) - loss of hair luster o Bone and muscle changes - change in height (shorter stature) - change in posture (stooping shoulders) - change in weight - bones more brittle - loss of flexibility of bones - knees bent forward	

Unit 2: Biological/Physiological Aspects of Aging

OBJECTIVES	GENERALIZATIONS
Describe the various physical changes that are observable with aging.	3. Physical changes of aging take place gradually and continuously as the individual grows older. 4. There are individual differences in physical changes in aging.

LEARNING ACTIVITIES	RESOURCES
3.1 - 4.1 Ask students to bring photographs of an elderly relative at different ages (e.g., at ages 20, 35, 40, 50, 60, 70), or try to collect magazine pictures of elderly people at different ages. Assemble bulletin board display entitled "Elderly People at Different Ages." Ask students to discuss what differences they observe in pictures of the same people. Ask them to think of someone they've known since their childhood, and discuss any changes in the person as he/she grew older. Point out that: o Physical changes take place gradually and continuously as we grow older. o There are individual differences in the rate at which these changes occur and the time of life at which they occur.	

Unit 2: Biological/Physiological Aspects of Aging

OBJECTIVES	GENERALIZATIONS
Explain changes that take place in the various body systems with aging.	1. Changes take place in the following body systems with aging: - muscular-skeletal - cardiovascular - respiratory/pulmonary - digestive/gastrointestinal - nervous/neuronal - genito-urinary 2. As an individual grows older, a steady, slow decline occurs in the functional capacities of most body systems.
Identify relationship between changes in body systems and observable physical changes that occur with aging.	1. Several observable physical changes are the result of changes in body systems that occur with aging.

LEARNING ACTIVITIES	RESOURCES
1.1 Have students read handout - titled "Body System Changes" 2.1 (Appendix 2-A) and complete related activity (Appendix 2-B). Have them divide into pairs to work on the activity. Go through responses with the class.	Body System Changes. Appendix 2-A. Activity for Body System Changes. Appendix 2-B.
1.2 Ask students to think and tell - about the first time they 2.2 o rode a bicycle o wrote their name o ran a race o cooked the family meal o climbed a ladder o played ball or did some other challenging activity Then ask them to relate these activities to how they think an older person will be able to achieve each activity. Discuss: o What body systems are involved in these activities? o How will changes in these body systems affect older people's functioning?	
1.1 Invite a school nurse, doctor, or community nurse to class to discuss bodily changes which take place with aging. Request that guest speaker focus on the following: o changes in body systems with aging. o gradual decline in functional capacities of most body systems. o relationship between physical signs of aging and body system changes.	

Unit 2: Biological/Physiological Aspects of Aging

OBJECTIVES	GENERALIZATIONS
Give examples of physical losses that occur with aging.	1. Physical losses that occur with aging are related to sensory losses, mobility, and reaction time. 2. Sensory losses include vision, hearing, touch, taste, and smell.

LEARNING ACTIVITIES	RESOURCES
1.1 Show two-part slide-tape program - entitled "Age-Related Vision and 2.1 Hearing Losses: An Empathic Approach." (This training package shows how sensory losses can affect elderly people's ability to function in their daily lives. The first section presents an overview of age-related vision and hearing losses). Discuss the sensory losses mentioned in the slide-tape program. Ask questions such as: o What sensory losses were mentioned? o What other sensory losses do you think older people experience? o What impact do you think these losses have on older people? o How do older people make adjustment for some of these losses? Point out during the discussion that: o these losses occur gradually with age and people adapt to conditions o changes occur at an early age for some people and at later age for others.	Slide/Tape Program: Age-Related Vision and Hearing Changes: An Empathic Approach. University of Michigan.
2.1 Have students come up with a definition of "sensory losses." Ask students to reflect on their contact with an older person and try to identify examples of sensory losses. Distribute "Fact Sheet on Sensory Losses" (Appendix 2-C) and discuss.	Fact Sheet on Sensory Losses. Appendix 2-C.

Unit 2: Biological/Physiological Aspects of Aging

OBJECTIVES	GENERALIZATIONS
Give examples of physical losses that occur with aging.	3. Loss of mobility with aging refers to a reduction in the individual's ability to move from place to place.
	4. Reaction time is defined as the time lag between when a person sees, hears, smells, or touches an object and when s/he starts to respond.

LEARNING ACTIVITIES	RESOURCES
3.1 Have students read handout on "Physical Mobility" (Appendix 2-D). Discuss key concepts using the following questions: o How would you describe physical mobility? o Give examples of mobility activities. o What are some of the reasons why older people may experience loss of mobility? o Give examples of instances where you observed some of the reasons why older people may experience loss of mobility. (Possible answers might include: older person not able to drive, not having access to bus, being victim of crime, etc.). o Are there any changes in the home environment that can be made to help older persons with loss of mobility? o What can individuals, families, and communities do to limit physical mobility problems of older people?	Physical Mobility. Appendix 2-D.
4.1 Have students divide into pairs and do some activities that require reaction time, timing each activity with a stopwatch. Activities might include: o picking up a pencil after it has dropped o catching a ball o removing hand after touching something hot o standing up after ringing of a bell o smelling toast burning Discuss that reaction time is the time lag between when a person sees, hears, smells, or touches an object and when s/he starts to respond. Point out that reaction time increases with older people in that it takes them longer to start their movements.	

Unit 2: Biological/Physiological Aspects of Aging

OBJECTIVES	GENERALIZATIONS
Perceive symptoms of physical losses that occur with aging.	1. Youth's perception of some of the symptoms of physical losses that occur with aging may affect their ability to empathize with older people.

LEARNING ACTIVITIES	RESOURCES
Have students try some of these simulation/sensitivity activities in class and discuss a) their perceptions of some of the symptoms of physical losses that occur with aging, and b) how the experience has affected their ability to empathize with older people.	
1.1 Mobility	
o Loss of finger dexterity. Have students tape fingers to sticks in various combinations (e.g., thumb and index finger; fourth and fifth fingers), and try to accomplish several activities such as: - writing on the blackboard - buttoning a shirt - writing a letter - picking up a pencil - tying shoelaces - peeling a carrot - picking up coins off a table - opening medicine bottle	Materials: Masking tape and wooden sticks Items listed in the activity.
o Restricted movement of the joints. Have students wrap elastic bandages around knees and elbows to simulate stiffness of the joints. Ask them to do the following: - stoop to touch the floor - go through the motions of eating food from a plate - climb stairs - reach to get item out of cupboard - walk around the room - sit on the floor	Materials: Elastic bandages
o Physical mobility Obtain a wheelchair and have students take turns trying to move around different parts of the school and classroom environment. (This would illustrate the difficulty elderly people with limited physical mobility experience in trying to get around the environment.)	Materials: Wheelchair

Unit 2: Biological/Physiological Aspects of Aging

OBJECTIVES	GENERALIZATIONS
Perceive symptoms of physical losses that occur with aging.	1. Youth's perception of some of the symptoms of physical losses that occur with aging may affect their ability to empathize with older people. (Continued)

LEARNING ACTIVITIES	RESOURCES
Discuss experience: - What were your feelings when you were trying to perform the task? - How do you think the elderly would feel when performing such tasks? - What additional tasks do you think would present some problems for elderly people with limited physical mobility?	
1.2 Visual losses	
o Gradual loss of vision. Smear vaseline on glasses, or cover them with wrinkled transparent cellophane. Ask students to read for five minutes (e.g., menu, labels on food products or medication, newspaper, magazine article, or any other reading material). Discuss these questions: - What difficulties, if any, did you have in reading the information? - What adjustments did you have to make? - How do you think a person with reduced vision acuity might have problems in their everyday activities? - What can be done to help people adapt to loss of vision?	Materials: Old glasses or swim goggles Clear cellophane or vaseline (Glasses also can be made from laminated tag board, with lamination serving as lens of glasses.)

Unit 2: Biological/Physiological Aspects of Aging

OBJECTIVES	GENERALIZATIONS
Perceive symptoms of physical losses that occur with aging.	1. Youth's perception of some of the symptoms of physical losses that occur with aging may affect their ability to empathize with older people. (Continued)

LEARNING ACTIVITIES	RESOURCES
1.2 Visual losses (Continued)	
o Color changes Paste yellow transparent plastic film on the lenses of glasses to represent the yellowing of the lens of the eye that occurs with aging. - Display a color chart or color wheel and ask students to say which colors are more easily visible. Discuss how certain colors (red, yellow, orange) are more easily distinguished than others (green, blue, purple). Relate to problems elderly may have in everyday life (e.g., selection of clothing, shopping for food).	Materials: Yellow transparent film Old glasses or swim goggles Color chart or sheets of colored construction paper
- Display chart to simulate visual problems experienced by the elderly with seeing an amber traffic sign against a blue sky. To develop chart, use circle of yellow construction paper on sheet of light blue paper (Appendix 2-E). Ask students what difficulties they are having in recognizing the colors. Discuss problems that elderly may have with traffic lights.	Traffic Light Chart. Appendix 2-E.
o Loss of peripheral vision - Paste strips of black paper or translucent tape on the sides of glasses for left and right obstruction of peripheral vision. Have students wear glasses, then place an object (e.g., glass of water, silverware, medication) to the left or right of visual field. Ask students what difficulties they have in seeing. Place object in visual field. Point out that elderly people with loss of peripheral vision will need to have objects placed directly in front of them.	Materials: Old glasses or swim goggles Black construction paper/black translucent tape Glass, coffee cup, medication, silverware, or other object

Unit 2: Biological/Physiological Aspects of Aging

OBJECTIVES	GENERALIZATIONS
Perceive symptoms of physical losses that occur with aging.	1. Youth's perception of some of the symptoms of physical losses that occur with aging may affect their ability to empathize with older people. (Continued)

LEARNING ACTIVITIES	RESOURCES
1.2 Visual losses (Continued)	
o Tunnel vision - Make a circle of black paper large enough to fit over each lens of glasses. Cut out a small circle from the center of the larger circle. Paste larger circle on lens to depict tunnel vision. Have students wear glasses. Place an object in visual field, and an object outside visual field. Ask student(s) what difficulties they have in seeing objects. Point out that elderly people with tunnel vision will need to have objects placed in front of them.	Materials: Old glasses or swim goggles Black construction paper Any two or more objects
o Spotted vision - Paste spots of black paper over glasses to represent spotted vision. Have students wear glasses and read printed material. Discuss what adjustments they had to make in order to read the material. Discuss other problems elderly with spotted vision may have in everyday life.	Materials: Self-adhesive dots Old glasses or swim goggles Reading material

Unit 2: Biological/Physiological Aspects of Aging

OBJECTIVES	GENERALIZATIONS
Perceive symptoms of physical losses that occur with aging.	1. Youth's perception of some of the symptoms of physical losses that occur with aging may affect their ability to empathize with older people. (Continued)

LEARNING ACTIVITIES	RESOURCES
1.3 Hearing loss	
o Provide each student with a set of swimmer's ear plugs or cotton balls to be placed in the exterior ear in order to dull the sound of voices. Have students try some of the following activities: - Listen to a radio or tape recording and ask students to repeat what was said. Give directions on how to accomplish a simple task (e.g., peeling a carrot) while playing a radio or tape recording. Point out the difficulty elderly may have in understanding instructions when there is background noise. - Have students form pairs (one wearing ear plugs and one not wearing ear plugs). Ask student without ear plugs to stand behind partner and speak very softly. Partner should try to repeat what was said. Have students repeat activity, but face-to-face, speaking more distinctly. Emphasize that moderate volume, face-to-face interaction, and speaking distinctly are useful strategies when communicating with elderly.	Materials: Swimmer's ear plugs/cotton balls Radio/cassette player and recording (Styrofoam cups can be placed over ears and used instead of ear plugs.)
o General discussion questions: - How did you feel when you were having difficulty in hearing? - How do you think an older person would feel when having hearing difficulty hearing? - How do older people compensate for hearing loss? (Answers may include lip-reading, closer proximity for speaking, hearing aid, asking people to speak more softly or loudly.) - What can you do to communicate more effectively with the elderly?	

Unit 2: Biological/Physiological Aspects of Aging

OBJECTIVES	GENERALIZATIONS
Perceive symptoms of physical losses that occur with aging.	1. Youth's perception of some of the symptoms of physical losses that occur with aging may affect their ability to empathize with older people. (Continued)

LEARNING ACTIVITIES	RESOURCES
1.4 Loss of sense of touch	
o Have students wrap masking tape around tips of fingers, or provide each with lightweight cloth gloves. Assign students to work in pairs and do the following tasks: - Unfold paper napkin and place it on lap. - Turn pages in a book, newspaper, or magazine. - Touch different textured surfaces with eyes closed. - Thread a needle. After students have tried the tasks, assemble class as a group and ask the following questions: - What difficulties did you experience in performing the tasks? - What were your feelings while performing the tasks? - What kinds of everyday activities may present some difficulty for older people who experience a loss of sense of touch? - What kinds of hazards are they likely to encounter in performing everyday activities? (Answers may include insensitivity to temperature which may result in burns, reduced sensitivity to feel pain from cuts and burns immediately.)	Materials: Masking tape/lightweight cloth gloves Paper napkins, magazines, newspapers A variety of textured surfaces

Unit 2. Biological/Physiological Aspects of Aging

OBJECTIVES	GENERALIZATIONS
Identify ways in which older people adjust to physical losses.	1. Older people are generally able to make adjustments for loss of mobility through the use of such devices as canes, special shoes, walkers, eye glasses and hearing aids. 2. Lifestyle strategies which can affect older people's adjustments to physical losses include adequate diet, appropriate and regular exercise, reduction in anxiety and stressful activities, and the use of appropriate medication.

LEARNING ACTIVITIES	RESOURCES
1.1 Have students observe older people in public setting (e.g., restaurants, laundromats, churches, parks, shopping centers) and identify various kinds of devices that they use to make adjustments for their loss of mobility. As a class, have students make master list of devices identified. 2.1 Have students identify ways to stay healthy. Write these on the chalk board. Discuss that these lifestyle strategies can help older people adjust to physical losses. Emphasize the importance of o adequate diet o appropriate and regular exercise o reduction in anxiety and stressful activities o use of appropriate medication	

Unit 2: Biological/Physiological Aspects of Aging

OBJECTIVES	GENERALIZATIONS
Identify health-related concerns associated with aging.	1. High blood pressure, heart ailments, rheumatism, and arthritis are among the most prevalent chronic health-related concerns associated with aging. 2. Acute health-related conditions (e.g., upper respiratory ailments, influenza, and injuries) are less frequent in older people than chronic conditions. 3. Exercise plays a major role in keeping physically fit, preventing disease, and maintaining psychological well-being.

LEARNING ACTIVITIES	RESOURCES
1.1 - 2.1 Have students generate a list of general health-related concerns of people. Write responses on chalkboard. Discuss that health conditions may be either chronic or acute. Ask students to select from the list examples to be placed under the categories of chronic or acute. Emphasize that chronic health-related conditions are more common among the elderly than acute health-related conditions. Make a list of the most prevalent chronic conditions for the elderly (i.e., high blood pressure, heart ailments, rheumatism, and arthritis). Also, make a list of acute health-related conditions (upper respiratory ailments, influenza, injuries). Discuss both lists with class.	
3.1 Ask students to name the types of physical activities in which they currently engage. Then ask them to write two short sentences on the value of physical activities to them. Have them share their responses. Discuss the importance of physical activity/exercise for the elderly.	

Unit 2: Biological/Physiological Aspects of Aging

OBJECTIVES	GENERALIZATIONS
Identify health-related concerns associated with aging.	4. Adequate and proper nutrition is necessary for maintenance of good health by the elderly. 5. Nutritional problems frequently found among the elderly include deficiencies in protein, iron, Vitamins A and C, and prevalence of obesity. 6. Physical factors which influence nutritional status of the elderly include poor dental health, reduction in the sense of smell and taste, physical discomfort associated with eating, chronic health-related conditions and decreased physical activity. 7. Sociocultural factors which influence nutritional status of the elderly include food habits, food fads and fallacies, loneliness, physical isolation, shopping problems, and reduced income.

LEARNING ACTIVITIES	RESOURCES
4.1 - 7.1 Distribute fact sheet titled "Dietary Guidelines for the Elderly" (Appendix 2-F). Allow students time to study the information given, then discuss with class the dietary requirements of the elderly. Point out that (a) adequate and proper nutrition is necessary for maintaining good health, and (b) deficiencies in iron, Vitamins A and C, and obesity are frequent nutritional problems of the elderly.	Dietary Guidelines for the Elderly. Appendix 2-F.
6.2 - 7.2 Distribute case study, "Nutrition and the Elderly: A Case Study" (Appendix 2-G). Allow students time to read the handout, then ask them to write down the various factors which would influence the nutritional status of the elderly person described in the case. Discuss their responses. Hand out supportive reading, "Nutrition and the Elderly" (Appendix 2-H), and expand upon major points. Emphasize that there are several physical and sociocultural factors which might influence whether or not older people get adequate and proper nutrition.	Nutrition and the Elderly: A Case Study. Appendix 2-G. Nutrition and the Elderly. Appendix 2-H.
4.2 - 7.3 Have students form small groups, plan a menu for an older person, and analyze the menu for adequacy of nutrition based upon the dietary guidelines and taking into consideration physical and sociocultural factors affecting nutritional status of the elderly. Have each group prepare the meal as planned, but invite an older person to share in the preparation and eating of the meal.	
4.3 - 7.4 Invite guest speaker such as dietician from nursing home or director of congregate meal program to discuss nutritional problems of older people and factors affecting their nutritional status.	

Unit 2: Biological/Physiological Aspects of Aging

OBJECTIVES	GENERALIZATIONS
Identify health-related concerns associated with aging.	8. Family, friends, and neighbors provide informal services to the elderly, and are an important support system for helping them cope with health-related concerns. 9. Formal services such as home-delivered meals, homemaker home health care, income assistance, and transportation are provided through agencies, and enable the elderly to cope with health-related concerns and avoid institutionalization.

LEARNING ACTIVITIES	RESOURCES
8.1 - 9.1 Have students develop a list of the different kinds of help which elderly people may need. Write responses on the board. Ask students to make suggestions as to how elderly people may get such help. Write suggestions given on the board. Ask students to suggest what kinds of support those elderly with health-related concerns may need, and ways of obtaining such support. Point out that: o family members, friends and neighbors provide informal services to the elderly o community agencies provide formal services. Ask students to give some examples of formal services with which they are familiar. (Responses may include congregate meals, home-delivered meals, homemaker home health care, income assistance, transportation assistance.) Have a brief discussion on services available to the elderly.	
8.2 - 9.2 Have students develop a directory of services available to elderly in community. Directory could include the following: o name of agency o address and telephone number o director's name o description of services offered Students could be taken on field trip to visit some of the agencies. As a community project, directory could be published and disseminated to older people and their families.	

Unit 3: Demographic Trends of Aging

Major Objectives and Subobjectives:

The student will

1. Determine factors influencing growth in the size of the older population in the United States and Iowa.

   1.1 Identify factors affecting growth in size of older population in the United States and Iowa.

2. Explain demographic characteristics of the present older population in the United States and Iowa.

   2.1 Identify demographic characteristics of the present older population in the United States and Iowa.

3. Determine implications of demographic trends of aging for the United States, Iowa and local communities.

   3.1 Identify implications for growth in and characteristics of older population.

Unit 3: Demographic Trends of Aging

OBJECTIVES	GENERALIZATIONS
Identify factors affecting growth in size of older population in the United States and Iowa.	1. The size of the older population has grown: - in U.S., from 3 million (4%) in 1900 to 28 million (11.9%) in 1984 - in Iowa, from 106 thousand (5%) in 1900 to 410 thousand (14.1%) in 1984. 2. Factors affecting growth in size of older population in the United States include fertility, immigration, and life expectancy.
Identify demographic characteristics of present older population in the United States and Iowa.	1. States with the largest proportion of older people are Florida, Arkansas, Rhode Island and Iowa. 2. Iowa's proportion of the older population is influenced by the outmigration of young people from the state.

LEARNING ACTIVITIES	RESOURCES
1.1 Lead introductory discussion on demographic trends of aging in America, using the following questions: o What percentage of the U.S. population do you think is over the age of 65? (Point out to students that 65 and over is an arbitrary point for defining older population, used by the U.S. Census Bureau.) o What percentage of Iowa's population do you think is over the age of 65? o Do you think there will be more older people in the U.S. in the future? In Iowa? Why or why not?	A Profile of Older Americans: 1985. American Association of Retired Persons.
2.1 Have students read an assignment on demographic trends of aging. Identify and discuss factors that affect the growth in the size of older population in the U.S. and in Iowa.	Possible readings: Kivett, V. R. (1982). "Graying America and Its New Challenges." What's New in Home Economics, pp. 1, 5. Growing Old in America, A Kit of Readings and Activities. (1985). Population Reference Bureau.
1.2 Have students complete "Older Population Quiz" (Appendix 3-A). 2.2 Go over responses, using materials for transparencies (Appendices 1.1 3-B to 3-J). 2.1	Older Population Quiz. Appendix 3-A. Percent Population, 65 and Over. Appendix 3-B. Persons 65+ as Percentage of Total Population: 1984. Appendix 3-C. The 65+ Population by State: 1984. Appendix 3-D. Explanation for Appendices 3-F to 3-J. Appendix 3-E. Iowa Population, 1850. Appendix 3-F. United States Population, 1850. Appendix 3-G. Iowa Population, 1980. Appendix 3-H. United States Population, 1980. Appendix 3-I. Projected Iowa Population, 2000. Appendix 3-J.

Unit 3: Demographic Trends of Aging

OBJECTIVES	GENERALIZATIONS
Identify demographic characteristics of present older population in the United States and Iowa.	3. Demographic characteristics of the present older population are related to age groups, dependency ratio, sex and race composition, marital status, and living arrangement.

LEARNING ACTIVITIES	RESOURCES
3.1 Have students investigate the number of older people in their families. Have students research the number and ages for the following relatives: o parents o grandparents o great grandparents o great-great grandparents o great aunts and uncles Develop class profile and point out the number of older people 75 years of age or older. Emphasize to students that this is one of the fastest growing age groups.	
3.2 Show "Percent of People Over 65 and 85 Years of Age in Iowa Counties, 1980" (Appendix 3-K). Have students find their home county. Discuss implications for percentage of people over 85 for families and communites.	Percent of People Over 65 and 85 Years of Age in Iowa Counties, 1980. Appendix 3-K.
3.3 Show "Dependency Ratio" (Appendix 3-L) and discuss by asking the following questions: o Why would both age groups, 0-19 and 65 and over, be included as "dependents"? o Why are those 20-64 years of age considered "producers"? o What do you think the dependency ratio will be like in 2020 when the "Baby Boom" group reaches old age? (Point out that low fertility rates have resulted in fewer young people to support future large older population.)	Dependency Ratio. Appendix 3-L.

Unit 3: Demographic Trends of Aging

OBJECTIVES	GENERALIZATIONS
Identify demographic characteristics of present older population in the United States and Iowa.	3. Demographic characteristics of the present older population are related to age groups, dependency ratio, sex and race composition, marital status, and living arrangement. (Continued)

LEARNING ACTIVITIES	RESOURCES
3.4 Show "Growth of the Older Population of the U.S.: 1900-2030" (Appendix 3-M). Point out the larger percentage of females in comparison to males. Ask students the following: o Why are there more women than men in old age? (Women live, on the average, 8 years longer than men.) o Why would a noted gerontologist say, "The problems of old age in America are largely the problems of women"? (Older women are far more likely to be widowed, live alone and have less income than older men.) o What implications does this phenomenon have for families and communities?	Growth of the Older Population of the U.S.: 1900-2030. Appendix 3-M.
3.5 Have students brainstorm minority groups represented in Iowa (Blacks, Hispanics, Southeast and Pacific Islander Asians, Native American Indians). Ask students: How might demographic trends for this group differ from those of older people in general? Point out the following: o Proportion of minority elderly in population is lower than white elderly because of the higher fertility rates, which increases the percentage of young people, and higher infant mortality, which results in lower proportions of older minorities surviving to old age. This is particularly true for blacks. o Number of older blacks (65 and over) has been increasing faster than the number of whites. Thus, although proportion is lower, number of older blacks is growing. Similar trends are true for Hispanics and Asians. Discuss implications of these trends for families and communities.	General reference: Ralston, P. (1975). "The black elderly and the quality of life." Illinois Teacher, XIX (1), pp. 26-31.

Unit 3: Demographic Trends of Aging

OBJECTIVES	GENERALIZATIONS
Identify demographic characteristics of present older population in the United States and Iowa.	3. Demographic characteristics of the present older population are related to age groups, dependency ratio, sex and race composition, marital status, and living arrangement. (Continued)

LEARNING ACTIVITIES	RESOURCES
3.6 Show "Marital Status for Older Population" (Appendix 3-N) and "Living Arrangement for Older Population" (Appendix 3-O). Point out that older women tend to be widowed and tend to live alone more often than males. Have students give examples of where this is true in their own families.	Marital Status for Older Population. Appendix 3-N. Living Arrangement for Older Population. Appendix 3-O.

Unit 3: Demographic Trends of Aging

OBJECTIVES	GENERALIZATIONS
Identify implications for growth in and characteristics of older population.	1. Growth in size of older population will increase the need for financial, health care, housing and social service supports for the elderly. 2. Groups of older people needing the most support will be the "old-old," women and minorities.

LEARNING ACTIVITIES	RESOURCES
1.1 Have panel of professionals who - work in the field of aging dis- 2.1 cuss implications of growth of older population in U.S., Iowa and local communities. Some possible panel members might include: o Director of Area Agency on Aging (see list on p.185) o Director of local senior center o Director of local agency providing "Meals on Wheels" and/or homemaker/home health services o Home economics coordinator from local area school o Director of local nursing home Have panel discuss how the growth in older population will affect need for: o greater financial resources (Social Security, pensions, etc.) o type and cost of health care o greater variety of housing alternatives o greater need for in-home services Have panel identify groups of older people who will have the greatest need for financial, health care, housing and social service supports.	Barberis, M. (1981). America's Elderly: Policy Implications. Population Reference Bureau. (Included in Growing Old in America, A Kit of Readings and Activities, 1985.)
1.2 Have students investigate the - number and percent of older 2.2 people in neighborhood or community by interviewing community officials or agency personnel or by conducting survey. Also have students identify the characteristics of older people. Have students write reports on implications of number and characteristics of older people for families and communities.	

Unit 4: Intergenerational Communication

Major Objectives and Subobjectives:

The student will

1. Assess the benefits of and barriers to intergenerational communication.

   1.1 Summarize the benefits of communication between youth and elderly for each group.

   1.2 Analyze barriers to communication between youth and elderly.

2. Point out the relationship between age-related biological changes and intergenerational communication.

3. Practice communication skills which will enhance effective intergenerational communication.

4. Assume responsibility for intergenerational relationships through effective communication with the elderly.

   2.1 Use techniques of effective communication in interaction
   - with the elderly.
   4.1

Unit 4: Intergenerational Communication

OBJECTIVES	GENERALIZATIONS

LEARNING ACTIVITIES	RESOURCES
Introductory activities 1. This unit will provide students with several opportunities to communicate with a selected older person (see p. 8 for how to set up intergenerational contact). If previous units have been used, students will already have had opportunities to get acquainted and to interview the older person. This unit will provide activities to enhance and promote ongoing communication between youth and elderly. For maximum benefits from the unit, the student should develop the following: o log or journal of their thoughts and feelings during interactions with older person o scrapbook that includes pictures, copies of letters, memorabilia, etc. that result from relationship with older person	
2. Review general principles and skills of communicating.	Hawes, B., Smith, F., & Cameron, B. (1986). Life Skills in Family Communication. Iowa State University. Strong, J. (1983). Creating Closeness: The Communication Puzzle. Human Communication Institute.

Unit 4: Intergenerational Communication

OBJECTIVES	GENERALIZATIONS
Summarize the benefits of communication between youth and elderly for each group.	1. Effective communication between youth and elderly has tremendous benefits for the individual, the family, and society. 2. Benefits of communication between youth and elderly include: greater emotional stability, increased understanding of role changes, preservation of cultural identities, increased self-concept, development of positive attitudes, opportunities for self-expression and feedback, and exchange of life experiences.

LEARNING ACTIVITIES	RESOURCES
1.1 Have students divide up into - buzz groups of three or four and 2.1 complete activity, "What Would An Ageless Society Be Like?" (Appendix 4-A). Have each group report their responses, making a master list on the board. Lead discussion regarding the value of older people in our society and how communicating with them is of benefit to individuals, families and society.	What Would An Ageless Society Be Like? Appendix 4-A.
1.2 Have students read and react to - "We the Old" and "We the Young" 2.2 (Appendix 4-B). Discuss the following: o In what similar ways does society often treat older people and young people? o How do you as young people feel about this treatment? How do you think older people feel? o How might communication between young and old help each group?	We the Old, We the Young. Appendix 4-B.

Unit 4: Intergenerational Communication

OBJECTIVES	GENERALIZATIONS
Summarize the benefits of communication between youth and elderly for each group.	1. Effective communication between youth and elderly has tremendous benefits for the individual, the family, and society. 2. Benefits of communication between youth and elderly include: greater emotional stability, increased understanding of role changes, preservation of cultural identities, increased self-concept, development of positive attitudes, opportunities for self-expression and feedback, and exchange of life experiences. (Continued)

LEARNING ACTIVITIES	RESOURCES
1.3 Show filmstrip, "OK to Be Old: Approaches to Aging" (Part III: 2.3 Bridging the Gap). Have students identify and discuss some of the benefits of communicating with the elderly mentioned in the filmstrip.	Filmstrip: OK to Be Old: Approaches to Aging. Sunburst Communications.
1.4 Show film, "Peege." Prior to showing film, have students review worksheet, "Benefits of Communication Between Youth and Elderly" (Appendix 4-C). Clarify the meaning of benefits listed. Have students take notes regarding benefits of communication for both "Peege" (nursing home resident) and her grandson, "Greg." Have students discuss their responses following the film. (NOTE: Because "Peege" is a deeply emotional film, you may want to help students process their feelings by asking the following questions: o How does this film leave you feeling? o With whom do you identify? o With whom are you angry or uncomfortable? o With whom are you sympathetic? Why?) 2.4	Peege. Iowa State University Films and Area Education Agencies. Peege Study Guide. Unitarian Universalist Service Committee. Benefits of Communication Between Youth and Elderly. Appendix 4-C.

Unit 4: Intergenerational Communication

OBJECTIVES	GENERALIZATIONS
Analyze barriers to communication between youth and elderly.	1. Changing societal values, change in work and family roles, and change in customs from one generation to another are some of the sociocultural barriers to communication between both youth and elderly. 2. Socioenvironmental barriers to communication between youth and elderly may include change in housing and living arrangements, lack of transportation, physical isolation and environmental distractions. 3. Lack of sufficient income, which may prevent acquisition of necessities such as dentures, eyeglasses, hearing aids and walkers, is a barrier to communication for some elderly.

LEARNING ACTIVITIES	RESOURCES
1.1 Have students read case study, - "The Story of Sam and Grandpa 2.1 Max" (Appendix 4-D). Use Discussion Guide (Appendix 4-E) and "Barriers to Communication" handout (Appendix 4-F) to analyze and discuss case study. 1.2 Have students read and react to - "Communication and the Elderly 3.1 Poor" (Appendix 4-G). Lead discussion regarding how lack of sufficient income as well as other barriers can be an inhibitor to communication to some elderly.	The Story of Sam and Grandpa Max. (Appendix 4-D. Discussion Guide for The Story of Sam and Grandpa Max. Appendix 4-E. Barriers to Communication between Youth and Elderly. Appendix 4-F. Communication and the Elderly Poor. Appendix 4-G.

Unit 4: Intergenerational Communication

LEARNING ACTIVITIES	RESOURCES
Analyze barriers to communication between youth and elderly.	4. Sensory losses and neural impairment are among the more common physiological barriers to communication with the elderly.

LEARNING ACTIVITIES	RESOURCES
4.1 Have students read "Strategies for Overcoming Hearing and Vision Losses when Communicating with the Elderly" (Appendix 4-H), and do the following: o Discuss where they might have used these strategies in communicating with selected older person or an older person in their family. o Practice, in pairs, some of the suggested strategies.	Strategies for Overcoming Hearing and Vision Losses when Communicating with the Elderly. Appendix 4-H.
4.2 Have students read Chapter 1 in The 36-Hour Day, a story about an older woman who has dementia. Discuss the following: o What are your initial reactions to the story of "Mary"? o What are some of the symptoms of Mary's condition? o What appears to be the best way to communicate with Mary?	Mace, N. L., & Rabins, P. V. (1981). The 36-Hour Day. Baltimore: The Johns Hopkins University Press.
4.3 Review "Fact Sheet on Dementia" (Appendix 4-I). Help students distinguish the different types of dementia, pointing out which one is reversible. Discuss how dementia is a physiological barrier to communication.	Fact Sheet on Dementia. Appendix 4-I.
4.4 Have students read, "My Grandfather Is an Abandoned House" (Appendix 4-J). (Another possible reference is book, Grandpa Doesn't Know It's Me.) Discuss the following: o How does the granddaughter, Ann, feel about her grandfather's condition? o How does the music box trigger remembrances for both Ann and her grandfather? o What ways would you suggest that Ann continue to communicate with her grandfather? o How do you suppose the grandfather might benefit from communication with Ann?	My Grandfather Is an Abandoned House. Appendix 4-J. Guthrie, D. (1986). Grandpa Doesn't Know It's Me. Human Services Press.

Unit 4: Intergenerational Communication

OBJECTIVES	GENERALIZATIONS
Analyze barriers to communication between youth and elderly.	4. Sensory losses and neural impairment are among the more common physiological barriers to communication with the elderly. (Continued) 5. Lack of energy, difficulty in mobility, and other health-related problems are physiological barriers to communication with the elderly. 6. Lack of self-esteem, fears and anxieties, sense of insecurity, and withdrawal are some of the barriers to communication between both youth and elderly.

LEARNING ACTIVITIES	RESOURCES
4.5 Have students read Chapter 14 in <u>The 36-Hour Day</u> and "Ways to Improve Verbal Communication with a Person Who Has Dementia" (Appendix 4-K).	Mace, N. L., & Rabins, P. V. (1981). <u>The 36-Hour Day</u>. Baltimore: The Johns Hopkins University Press. <u>Ways to Improve Verbal Communication with a Person Who Has Dementia</u>. Appendix 4-K.
4.6 - 6.1 Show film, "Peege." Have students identify some of the physiological barriers that inhibited communication with Peege. Some barriers might include: <u>Psychological</u> o Depression o Withdrawal o Lack of self-esteem <u>Physiological</u> o Difficulty with motor skills o Difficulty with mobility o Lack of energy Discuss the following: o What indications were there that Peege did <u>not</u> have a type of dementia? o How did the psychological and physiological barriers impede communication by family members? o What did Greg, the grandson, do to overcome the barriers?	<u>Peege</u>. Iowa State University Films.
4.7 - 6.2 Have students complete "Act Your Age" activity (Appendix 4-L). Emphasize in discussion how physiological and psychological barriers between youth and elderly can be eliminated.	<u>Act Your Age</u>. Appendix 4-L.

Unit 4. Intergenerational Communication

OBJECTIVES	GENERALIZATIONS
Analyze barriers to communication between youth and elderly.	7. Use of idioms, speed of speaking, and lack of listening skills are some of the technical barriers to communication between both youth and elderly.

LEARNING ACTIVITIES	RESOURCES
7.1 Have students read and contrast "Dear Ann Landers Columns" from "Distressed Grandma" (Appendix 4-M) and "Confused Teen" (Appendix 4-N). Divide students into groups of three or four. Have them review Ann Landers columns and then write responses. Have groups share responses with class. Point out how technical barriers can inhibit communication between youth and elderly.	Distressed Grandma. Appendix 4-M. Confused Teen. Appendix 4-N.

Unit 4: Intergenerational Communication

OBJECTIVES	GENERALIZATIONS
Use techniques of effective communication in interaction with the elderly.	1. Effective listening, speaking, and writing skills are valuable techniques for communication between youth and elderly.

LEARNING ACTIVITIES	RESOURCES
1.1 Lead students in introductory discussion on listening. Ask the following questions: o What is listening? o How does listening differ from hearing? o What is empathy? (Seeing and hearing things from another person's view.) o How does empathy differ from sympathy? o How can one practice empathic listening?	
1.2 Have students complete activity, "Empathy with a Capital 'E'" (Appendix 4-O).	Empathy with a Capital 'E'. Appendix 4-O.
1.3 Go over fact sheet on "Effective Listening" (Appendix 4-P).	Effective Listening. Appendix 4-P.
1.4 Have students complete "Response Style Game" (Appendix 4-Q). Discuss response styles that are the most effective.	Response Style Game. Appendix 4-Q.
1.5 Lead students in introductory discussion on speaking. Ask the following questions: o What is speaking? o Why is effective speaking important when communicating with older people? o What might be some effective speaking practices with older people?	
1.6 Go over fact sheet on "Effective Speaking" (Appendix 4-R).	Effective Speaking. Appendix 4-R.
1.7 Have students practice effective speaking techniques by role-playing the following situations: o Visiting for the first time an older person at a senior center who is hearing impaired. You are to get acquainted with this person and tell him/her about yourself. o Sharing with your grandmother your decision not to attend the university in her hometown.	

Unit 4: Intergenerational Communication

OBJECTIVES	GENERALIZATIONS
Use techniques of effective communication in interaction with the elderly.	1. Effective listening, speaking, and writing skills are valuable techniques for communication between youth and elderly. (Continued)

LEARNING ACTIVITIES	RESOURCES
1.8 Lead students in introductory discussion on writing. Ask the following questions: o What are written messages? o Why are written messages important when communicating with older people? o What might be some tips to use when writing older people?	
1.9 Go over fact sheet on "Effective Writing" (Appendix 4-S). Have students complete "Written Messages" activity (Appendix 4-T).	Effective Writing. Appendix 4-S. Written Messages. Appendix 4-T.

Unit 4: Intergenerational Communication

OBJECTIVES	GENERALIZATIONS
Use techniques of effective communication in interaction with the elderly.	2. Use of effective listening, speaking, and writing skills will enhance interaction with the elderly.

LEARNING ACTIVITIES	RESOURCES
2.1 Over a period of weeks, have students visit selected older person. Activities included in previous units as well as those listed below are some possible ways students can practice using effective listening, speaking and writing skills with older people. Use "Possible Schedule and Log Entries for Visitation with Older People" (Appendix 4-U) as a guide to organizing visits.	Possible Schedule and Log Entries for Visitation with Older People. Appendix 4-U.
o Sharing Items of Value Have students ask older person to share items (5 or 6) of value. These might include family pictures, heirlooms or other memorabilia. Students should also bring with them items that they value. Both student and older person can share why item is of value. Student can record this information in log and, if possible, include some of the items (or sketches of the items) in scrapbook.	
o Writing Activity Have students write two or three letters to older person, addressing the following topics: - Friendship — Tell about your friends. What do you do together? What do you like about your friends? - Family — Talk about your growing up — tell about games you play, sports you like, school activities and other things you like to do. Tell about your family and the kinds of things you do together. Have students ask older person to respond to letters, keeping copies of all correspondence in scrapbook. At next visit, student and older person can discuss their letters and what they learned about each other. Student can record summary of discussion in log.	Grandletters (1985). Publication MF-752b, Cooperative Extension Service, Manhattan, Kansas.

Unit 4: Intergenerational Communication

OBJECTIVES	GENERALIZATIONS
Use techniques of effective communication in interaction with the elderly.	2. Use of effective listening, speaking, and writing skills will enhance interaction with the elderly. (Continued)

LEARNING ACTIVITIES	RESOURCES
o Life Review Have students prepare two separate life lines on a long strip of paper. On each piece of paper, students can draw a heavy horizontal line representing "Life." One life line will be for student and the other will be for older person. Students can mark on their life line significant events and achievements. Students can share their life line with older person, then ask older person to share significant events and achievements in his/her life. Students can record in log what they learned about older person through life line activity. Both life lines can be included in scrapbook. o Recognition Activity Have students invite older person to special recognition activity, such as a luncheon, tea or reception. This could be planned in conjunction with a foods class so that students could plan activity and students in foods class could prepare food items. Purpose of activity would be to recognize selected older persons and to share what both young and older person learned about each other. Scrapbooks could be put on display during recognition activity. Students could record in log their summary of what they have learned through visiting older person and ways they might continue communication.	

APPENDICES

APPENDIX 1

Unit 1:

Perceptions of Older People

and the Aging Process

DEFINITIONS ON AGING

Aging:	A biological, sociological and psychological process that spans the total life cycle.
Dementia:	Loss of impairment of mental powers.
Geriatrics:	Referring to the medical treatment of old age and its diseases.
Gerontology:	The study of older people and the aging process.
Life expectancy:	The average number of years an individual of a given age may expect to live.
Senescence:	The process of growing old; the onset of old age.
Social Security:	The principle or practice of public provision for the economic security and social welfare of the individual and his/her family. The United States established such a program in 1935.
Stereotype:	An oversimplification and misleading belief about a group or segment of society.

WORD FIND ON AGING

Directions: Can you find eight definitions on aging in the word find below?

L	A	G	I	N	G	R	S	T	G	V	M	O	Q	C	G
I	H	E	H	L	E	A	C	R	S	O	S	H	T	V	W
F	I	R	P	E	R	S	U	A	T	C	R	B	C	U	P
E	R	I	S	B	O	B	E	Y	E	S	T	W	B	T	A
E	E	A	P	O	N	R	A	N	R	B	Z	P	C	A	F
X	A	T	A	I	T	N	E	M	E	D	J	V	U	C	X
P	S	R	M	D	O	C	M	R	O	S	B	S	D	K	M
E	L	I	U	Z	L	L	Q	A	T	Y	C	I	S	E	X
C	K	C	N	M	O	J	I	O	Y	J	X	E	U	L	Q
T	B	S	O	E	G	U	O	Z	P	H	W	I	N	L	M
A	V	R	B	T	Y	H	P	F	E	W	H	R	V	C	C
N	D	D	C	K	M	K	F	G	J	X	R	L	H	N	E
C	G	W	V	D	V	Y	D	G	Z	V	G	G	W	D	K
Y	T	I	R	U	C	E	S	L	A	I	C	O	S	I	N
R	Y	H	G	E	U	G	F	N	H	O	O	E	E	P	I
A	M	E	A	Q	N	P	Z	P	J	Y	N	Q	L	T	F

List the words you have found:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

WHAT IS OLD?

CHRONOLOGICAL AGE

--MEASURED BY NUMBER OF YEARS LIVED
--USUALLY EXPRESSED AS AGE AT LAST BIRTHDAY

BIOLOGICAL AGE

--IS BASED ON FUNCTIONAL ATTRIBUTES OF INDIVIDUALS
--INCLUDES PHYSICAL APPEARANCE, MOBILITY, STRENGTH, COORDINATION AND MENTAL CAPACITY

PSYCHOLOGICAL AGE

--IS BASED ON ONES ABILITY TO ADAPT TO CHANGING ENVIRONMENTAL DEMANDS
--EXPRESSED IN TERMS OF CAPACITY FOR LEARNING, FEELINGS AND EMOTIONS

SOCIOLOGICAL AGE

--FOCUSED ON SOCIETY'S PERCEPTIONS AND ROLE EXPECTATIONS OF PEOPLE AT DIFFERENT STAGES

AGES AND ACTIVITIES

The following are activities in which people of various age groups are involved. Place the letter of the activity on the time line below the age group in which it is often associated. Draw an arrow to indicate if an activity is associated with more than one age group.

A. Playing basketball

B. Reading a book

C. Knitting

D. Watching television

E. Attending a rock concert

F. Going backpacking

G. Falling in love

H. Hugging and kissing

I. Playing golf

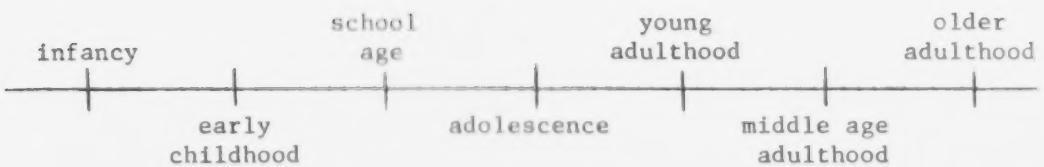
J. Hunting for Easter eggs

K. Swimming

L. Sitting on the grass in the park

M. Going to church

TIME LINE



Adapted from: Cameron, M. J. (1976). Views of Aging: A Teacher's Guide. Institute of Gerontology, The University of Michigan — Wayne State University, p. 5.

MY PERSONAL FEELINGS ABOUT GROWING OLD

Think about how you will be in 50 years. In general, how negative or how positive do you think your old age will be? Please circle the number on the scale below that best describes your feelings about your old age.

Very Negative									Very Positive
1	2	3	4	5	6	7	8	9	10

List reasons for your response:

1.

2.

3.

4.

INTERVIEW GUIDE

The purpose of this activity is to help you apply the four definitions of old to an older person that you know. The first page of the activity involves you asking questions of the older person. The second part concerns some of your observations of the older person during the interview. The third part concerns your impressions of how the four definitions of old apply to the person you interviewed. Plan to share the results of your interview with other class members.

Part I: Interview

1. Would you mind sharing your age with me?

   _____ years

2. What is/was your occupation?

3. What are some activities that you like to do (for example, dancing, gardening, sewing, fishing, etc.)?

4. Would you like to be involved in more activities? Why or why not?

5. What organizations do you belong to (for example, church, lodge, clubs, senior center, etc.)?

6. How is your health? Would you say its excellent, good, fair or poor?

7. Some people say "You are as old as you feel." What do you think about this statement? How old do you feel?

8. What family members do you see frequently? What do you enjoy doing with family members?

Part II: Observations

Make notes on the following:

1. Physical signs of aging (gray hair, wrinkled skin, eyesight or hearing problems, etc.)

2. Mobility (speed of walk; use of cane, walker, etc.; general energy level)

INTERVIEW GUIDE
(Continued)

Part III: Impressions

1. Did the person seem biologically and chronologically the same age? Why or why not?

2. Compare the person's chronological age and psychological age. Did the person's feelings about being old seem to:

   - fit the person's actual age?

   - make the person seem younger than his/her actual age?

   - make the person seem older than his/her actual age?

3. What kinds of activities and organizations was the person involved in? Were these activities and organizations ones that are associated with society's expectations of older people. Why or why not?

WHAT I KNOW ABOUT AGING

Directions: For the items below, please circle "T" if you believe the statement is true; if you believe the statement if false circle "F".

T - F 1. Old people are irritable, grouchy and unpleasant.

T - F 2. Old people are set in their ways and unable to change.

T - F 3. Old people usually take longer to learn something new.

T - F 4. The majority of old people are seldom bored.

T - F 5. Older people cannot learn new skills.

T - F 6. The majority of old people (past 65) are senile (i.e., defective memory, disoriented or demented).

T - F 7. All five senses tend to decline with age.

T - F 8. Most old people have no interest in, or capacity for, sexual relations.

T - F 9. Lung capacity tends to decline with age.

T - F 10. Physical strength tends to decline with age.

T - F 11. Aged drivers have fewer accidents per person than drivers under 65.

T - F 12. About 30% of the aged are healthy enough to carry out their normal activities.

T - F 13. The majority of old people are socially isolated and lonely.

T - F 14. Older people tend to become more religious as they age.

T - F 15. At least one-fourth of the aged are living in long-stay institutions (i.e., nursing homes, mental hospitals, homes for the aged, etc.).

Adapted from: Palmore, E. B. (1977). Facts on Aging: A Short Quiz. Gerontologist, 17, 315-320.

ANSWERS TO "WHAT I KNOW ABOUT AGING"

Psychological Myths and Stereotypes

F 1) The majority of old people do not feel miserable most of the time. Studies of happiness, morale and life satisfaction either find no significant difference by age groups or find about one-fifth to one-third of the aged score "low" on various happiness or morale scales.

F 2) Majority of old people are not set in their ways and unable to change. There is some evidence that older people tend to become more stable in their attitudes, but it is clear that most older people do change and adapt to the many major events that occur in old age such as retirement, children leaving home, widowhood, moving to new homes and serious illness. Their political and social attitudes also tend to shift with those of the rest of society, although at a somewhat slower rate than for younger people.

T 3) Most older people are still able to function at about the same intellectual level as when they were young, but they do need more time to learn something new. Elderly people are quite good at new learning as long as the material to be learned and the learning task itself are compatible with previous acquired knowledge and skills.

T 4) The majority of old people are seldom bored. Only 17% of persons 65 or over say "not enough to do to keep busy" is "somewhat serious" or "very serious" problem.

F 5) It is not impossible for most old people to learn new things. Most older people can eventually learn new things about as well as younger persons, if given enough time and repetitions of the material to be learned.

Biological Myths and Stereotypes

F 6) The majority of older people are not senile. Some older people do suffer from anxiety and depression as do many young and middle-aged people.

T 7) All five senses do decline in old age. Most studies agree that various aspects of vision, hearing, and touch tend to decline in old age.

F 8) The majority of persons past age 65 continue to have both interest in and capacity for sexual relations. Masters and Johnson (1966) found that the capacity for satisfying sexual relations continues into the decades of the 70s and 80s for healthy couples. Sex continues to play an important role in the lives of most men and the majority of women through the seventh decade of life.

T 9) Lung capacity does decline in old age. Both vital lung capacity (the volume of air that can be forcibly expelled in one breath) and maximum breathing capacity (the volume of air that can be moved in and out of the lungs in 15 seconds) decline on the average from age 30 onwards.

T 10) Physical strength does tend to decline in old age. Studies of various kinds of muscular strength show declines in old age compared to young adulthood of 15 to 46%.

T 11) Drivers of age 65 do have fewer accidents per person than drivers under age 65. Older drivers have about the same accident rate per person as middle-aged drivers, but a much lower rate than drivers under age 30.

T 12) About 80% of the aged are healthy enough to carry out their normal activities.

Sociological Myths and Stereotypes

T 13) The majority of old people are not socially isolated. About two-thirds of the aged say they are never or hardly ever lonely, or say that loneliness is not a serious problem. Most older persons have close relatives within easy visiting distance and contacts between them are relatively frequent. About half say they spend "a lot of time" socializing with friends. About three-fourths of the aged are members of a church or synagogue, and about half attend services at least three times per month. Over half belong to voluntary organizations.

F 14) Older people do not tend to become more religious as they age. While it is true that the present generations of older persons tend to be more religious than younger generations, this appears to be a generational difference due to older persons' more religious upbringing.

F 15) Only about 5% of persons 65 or over are residents of long-stay institutions.

Adapted from: Palmore, E. B. (1977). Facts on Aging: A Short Quiz. Gerontologist, 17, 315-320.

MEDIA WATCH

The characteristics of older people are often distorted on television for purposes of humor, giving us a misleading picture of what this age group is really like.

Conduct a media watch to find out what programs are the worst offenders. Use this form for each program watched. Describe each incident that occurs, then complete checklist on whether the incident was a stereotype or omission.

Station _____ Channel _____ Location _____

Program Title _____

Broadcast Date _____ Time of Program _____

Description of Incident.

Stereotypes

___ Older people as unkempt and unattractive (baggy clothes, uncombed hair)
___ Older people as rigid and inflexible
___ Older people as forgetful and bumbling
___ Older people depicted as passive, showing "rocking chair" image
___ Older people as sick and physically impaired
___ Older people depicted as about to die
___ Older people as lacking sexual feelings
___ Older people patronized and treated as children
___ Others: _____

_____

_____

Omissions

___ Program content excludes older people and their life concerns
___ Program does not depict positive aspects of aging
___ Only wealthy or advantaged elderly are included
___ Minority elderly are excluded

Adapted from: Media Watch, J. C. Penney Forum. (1983).

LIST OF OLDER PERSONS AND THEIR CONTRIBUTIONS

DID YOU KNOW...

At 100, Grandma Moses was painting?

At 94, Bertrand Russell was active in international peace drives?

At 93, George Bernard Shaw wrote the play Farfetched Fables?

At 91, Eamon de Valera served as president of Ireland?

At 91, Adolph Zukor was chairman of Paramount Pictures?

At 90, Pablo Picasso was producing drawings and engravings?

At 89, Mary Baker Eddy was director of the Christian Science Church?

At 89, Albert Schweitzer headed a hospital in Africa?

At 89, Artur Rubinstein gave one of his greatest recitals in New York's Carnegie Hall?

At 88, Michelangelo did architectural plans for the Church of Santa Maria degli Angeli?

At 88, Pablo Casals was giving cello concerts?

At 88, Konrad Adenauer was chancellor of Germany?

At 85, Coco Chanel was the head of a fashion design firm?

At 84, W. Somerset Maugham wrote Points of View?

At 83, Alexander Kerensky wrote Russia and History's Turning Point?

At 82, Winston Churchill wrote A History of the English-Speaking Peoples?

At 82, Leo Tolstoy wrote I Cannot Be Silent?

At 81, Benjamin Franklin effected the compromise that led to the adoption of the U.S. Constitution?

At 81, Johann Wolfgang von Goethe finished Faust?

At 80, George Burns won an Academy Award for his performance in The Sunshine Boys?

At 75, Ronald Reagan was President of the United States?

Adapted from: Schwartz, R. N., & Peterson, J. A. (1979). Introduction to Gerontology. Holt, Rinehart and Winston.

APPENDIX 2

Unit 2:

Biological/Physiological Aspects of Aging

BODY SYSTEM CHANGES

Muscular-Skeletal System

The muscular skeletal system is associated with muscle, bone, and nervous tissues changes. Lean muscle mass appears to decrease with aging as a result of changes which take place in the connective tissues of muscles. As connective tissues break down, there is not only a slow decline in lean muscle mass, but also a gradual reduction in physical strength, speed of movement, and flexibility of limbs. Because of loss of muscle power, the shoulders might bend forward, resulting in a stooped posture (bent shoulders).

Change in chemical composition of bones cause some loss of total bone mass. This condition is commonly referred to as osteoporosis and frequently results in a reduction in height, instability in maintaining normal posture, and susceptibility to fractures. The skeletal frame experiences an obvious "settling," resulting in a reduction in height.

Change in collagen (the connective tissue) between the spinal discs usually results in thinning of the discs of cartilage in the vertebral column. This also affects maintenance of normal posture and the apparent loss in height.

The loss of elasticity and loss of tissue directly below the skin usually results in drying and wrinkling of the skin.

Respiratory/Pulmonary System

Loss of connective tissue with age results in a weakening of the external and internal muscles of the rib cage. The joints of the rib cage also experience reduced flexibility and elasticity. A measurable reduction occurs in the efficiency of the breathing mechanism, resulting in slower inhaling and expelling of air. This may be characterized by decreases in maximum breathing capacity, total lung capacity, oxygen consumption, and rate of exchange of oxygen and carbon dioxide.

Digestive/Gastrointestinal System

The capacity to digest, absorb, and assimilate food is not seriously impaired with age, but many older people experience a variety of gastrointestinal disorders. Constipation, gall bladder dysfunction, gastric ulcer, and colon cancer are among the most common gastrointestinal disorders in older people.

Normal age-related changes affecting the digestive processes include:

- o Decline in taste sensitivity (i.e., sweet, sour, salt, bitter).
- o Decreased production in volume of digestive juices.
- o Diminished fluid intake.
- o Altered mobility of the esophagus.
- o Decreased rate of peristalsis (i.e., muscular mobility of the stomach).
- o Decreased ability of the stomach to secrete hydrochloric acid, necessary for protein digestion.

Cardiovascular System

In many older people, there is the tendency for the blood vessels leading to the heart to become narrower. The blood vessels leading to the brain also experience some changes. This narrowing of the blood vessels often results in increased blood pressure levels, a longer time for blood to circulate the body system, and an overall reduction in efficiency of the heart, lungs, and blood vessels. This puts pressure on the heart because it has to work harder, while at the same time achieving lower efficiency. For this reason, older people may be more likely to experience heart attacks.

Genito-Urinary System

Normal changes take place in the kidneys over the life span. With aging, however, the efficiency of the kidney is reduced, and stressful conditions can even lead to kidney failure. Changes in urination pattern occur. These changes can be traced to changes in the elasticity of the bladder, and the bladder's ability to respond. There is more frequent urination and a larger residual urine volume after voiding. Bladder infections become more frequent. Changes also take place in the genitals as a result of aging. One such change is the onset of prostate gland enlargement which may occur in elderly males.

BODY SYSTEM CHANGES

Match the following changes in column 1, with the body systems in column 2. Write the letter which corresponds to the changes.

Changes	Body Systems
___ 1. Degeneration of muscles and joints in the rib cage.	a. Cardiovascular
___ 2. Loss of elasticity and loss of tissue directly below the skin resulting in drying and wrinkling.	b. Respiratory/pulmonary
___ 3. Reduced muscular mobility of stomach and intestines.	c. Muscular-skeletal
___ 4. Change in chemical composition of bones (osteoporosis).	d. Genito-urinary
___ 5. More frequent urination/ urinary incontinence.	e. Digestive/gastrointestinal
___ 6. Narrowing of blood vessels leading to the heart (arteriosclerosis).	f. Nervous/neuronal
___ 7. Prostate gland enlargement in elderly males.	
___ 8. Change in collagen between spinal discs.	
___ 9. Increased constipation and bowel incontinence.	
___ 10. Loss of muscle power resulting in a stooped/bent posture.	
___ 11. Increased incidence of bladder infections.	
___ 12. Slowdown in intake and expelling air (slower breathing).	
___ 13. Change in blood vessels in the brain.	
___ 14. Decreased production of digestive juices.	

ANSWER SHEET FOR ACTIVITY ON

BODY SYSTEM CHANGES

1. Respiratory/pulmonary (b)
2. Muscular-skeletal (c)
3. Digestive/gastrointestinal (e)
4. Muscular-skeletal (c)
5. Genito-urinary (d)
6. Cardiovascular (a)
7. Genito-urinary (d)
8. Muscular-skeletal (c)
9. Digestive/gastrointestinal (e)
10. Muscular-skeletal (c)
11. Genito-urinary (d)
12. Respiratory/pulmonary (b)
13. Cardiovascular (a)
14. Digestive/gastrointestinal (e)

FACT SHEET ON SENSORY LOSSES

All five senses — vision, hearing, touch, taste, and smell — tend to decline with increasing age, but not all will necessarily decline in each individual. Some senses decline so slowly that the losses are not very noticeable. The rate of sensory loss varies in each person and the loss does not take place at an equal rate for each of the senses.

I. Vision Loss

Loss of vision may be due to changes in a) the pupil of the eye, and b) the lens of the eye.

1. Pupil

a. Size of pupil. The pupil is the portion of the eye that regulates the amount of light which reaches the retina. With increasing age, the size of the pupil decreases and flexibility (ability to increase or decrease in size) is reduced.

b. Less light enters. As people age, the pupil lets in less light. Older people, therefore, need greater amounts of light in the environment if they are to function adequately. At age 80, for example, the average person needs about three times as much light as a teenager does.

2. Lens

a. Growth of lens. The lens of the eye continues to grow. Cells become more closely compacted until there is loss of elasticity; farsightedness (presbyopia) results. The lens loses ability to see close objects.

b. Adjustment to light and dark. Older persons' eyes are not able to handle extremes of brightness and darkness. As the lens loses elasticity and becomes more rigid, there is reduced ability to accommodate or focus the eye. Adjustment is not slower than in younger people, but final accommodation is less complete.

c. Increase in opacity. The lens of the eye increases in opacity over the lifespan. Opacity causes light rays to scatter, making it more difficult for older people to function in an environment where there is one bright source. Older people become more sensitive to glare from an intense light source.

d. Yellowing. As age increases, the lens tends to yellow and acts as a filter for the shorter wave lengths such as violet or green. Yellowing of lens, therefore, causes the screening out of dark green, blue, and violet light rays, making these colors harder for older people to see. Red, yellow, and orange are more vivid to the older person.

II. Hearing Loss

Loss of hearing with increasing age affects more people than any other of the sensory losses. The two general categories of hearing loss in later years are a) conductive loss and b) sensory-neural loss.

Conductive Loss

With conductive loss, sound waves are not properly conducted to the inner ear. All sounds seem muffled. The cause may be an obstruction in the outer ear, but more often it is a problem in the middle ear.

Sensory-Neural Loss

In sensory-neural loss, the sound waves reach the inner ear, but are not properly changed into a message that can be passed on to the brain.

1. Presbycusis

a. A major sensori-neural loss that occurs in later life.

b. Involves degeneration in the inner ear and auditory nerve. May be caused by tumors, drugs such as aspirin and quinine, and excessive noise.

c. Is characterized by a progressive loss of hearing for high-pitched sounds. (Consonants, such as "th," "s," "sh," "f," and "p" are high-pitched sounds.) A person with presbycusis generally hears low-pitched tones, but the high-frequency sounds are distorted. (The vowels, such as "a," "e," "i," "o," and "u," are low-pitched sounds.)

A person with a sensori-neural loss does not benefit from the use of a hearing aid; therefore, other adaptations such as lip-reading must be made.

2. Volume

a. With increasing age, the ability to hear sounds as loudly as before is reduced.

b. Low background sounds, such as traffic, can easily disturb normal conversation. Speaking more loudly may only be helpful if there is not competing background noise.

3. Pitch

a. With age, there is a reduction in the ability to hear high-pitch sounds.

b. Unvoiced consonants (s, c, t, p, q) are high-pitched and difficult to hear. Speech becomes difficult to understand even though it is loud enough to be heard.

c. Increasing the loudness of speech (which usually means increasing the pitch) will not help older people understand what is being said.

III. Loss of Touch

Skin sensitivity and the ability to detect textures, temperatures, and pain decreases with increasing age. The decline begins between age 50 to 55 and has been observed to occur earlier in the feet than in the hands.

1. Textures

a. It becomes more difficult for older people to distinguish textures and objects on the basis of touch alone.

2. Temperatures

a. Older people are less likely to perceive a rise in body temperature as early as younger individuals. This may result in an illness progressing to an advanced stage before detection.

b. Older people are less able to adjust easily to major changes in environmental temperature.

c. Most older people prefer to have rooms fairly warm (mid to upper 70s) than younger people.

3. Pain

a. Pain threshold increases (i.e., ability to feel pain quickly is reduced).

b. Older people are less likely to perceive internal body pains and aches.

c. Older people are more likely to get burns, cuts, and bruises and not know it until severe damage has occurred.

IV. Taste and Smell

With increasing age, the senses of taste and smell decline. Loss of taste and smell can affect the pleasure and satisfaction older people get from food.

1. Taste

a. The number and sensitivity of the taste buds decrease, but these changes usually do not seriously affect taste sensitivity until about age 70.

b. Most people over the age of 65 have lost 50% of their taste buds. Above 75 years of age, the average adult has about one-sixth of the taste buds of a 20-year-old.

c. Additional factors such as smoking and poor dental hygiene affect ability to taste food.

d. After age 50, the ability to perceive sweet, salty, sour and bitter tastes decline, but not at the same rate. Sweet and salty sensitivity tend to decline first, while the ability to sense bitter and sour flavors tends to function well into old age.

2. Smell

a. Two-thirds of an individual's taste sensations depends on the ability to smell.

b. A loss of smell may result in a lack of appetite or interest in food among older people.

c. Loss in the ability to smell may mean that older people can no longer smell body and household odors, gas leak, smoke, or spoiled foods.

Source: Cameron, M. J. (1976). Views on aging: A teacher's guide. Ann Arbor, MI. Institute of Gerontology, The University of Michigan/Wayne State University, pp. 157-168.

Oregon State University Extension Service. (1983). Growing older: Sensory changes. PNW 196. A Pacific Northwestern Extension Publication.

PHYSICAL MOBILITY

Physical mobility is the process of getting from one place to some other place. It can range from a simple movement, such as from chair to telephone or from bedroom to kitchen, to a much more complex movement like going from one's home to a shopping center. Older people are faced with a variety of impediments which limit their mobility.

Loss of mobility with aging refers to a reduction in the individual's ability to move from place to place. Loss of mobility may be due to these reasons:

- Physical handicap or disability
- Not being able to afford an automobile
- Not being able to operate an automobile
- Not having access to public transportation
- Having to travel long distances to a destination
- Traffic and pedestrian hazards
- No parking facilities available close to shopping areas and business offices
- Slippery floors at home, in shopping areas and business offices
- Not being able to climb steps to a building
- A feeling of insecurity about criminal acts on oneself.

Adapted from: Cameron, M. J. (1976). Views on aging: A teacher's guide. Ann Arbor, MI. Institute of Gerontology, The University of Michigan/Wayne State University, p. 15.

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TRAFFIC LIGHT CHART

A circle of
yellow construction paper on
light-blue background

DIETARY GUIDELINES FOR THE ELDERLY: PART 1

The elderly have different nutritional requirements than do people of other age groups. Normal age-related changes in the functioning of the digestive and excretory systems affect how food is digested, and how nutrients are absorbed and excreted. The nutritional requirements of the elderly vary according to the individual.

- Under normal circumstances, energy requirements decline because of a reduction of activity and a slowing down of the basal metabolism rate (i.e., the amount of energy that the lean body mass needs in order to carry out its basic function).

- The rate at which energy requirements decline varies with each individual according to body size and level of physical activity. Even for those who exercise regularly, however, there is a decrease in the number of calories that need to be consumed.

- Disease and disability can contribute to inactivity and decreased energy requirements, or lead to increased energy demands for the performance of certain tasks due to various kinds of increased stress and strain.

- Fats are important in the diet because they carry fat-soluble vitamins (i.e., vitamins A, D, E, and K), provide flavor and satiety value, but should be limited to less than 20-30% of the total intake of calories.

- A too drastic reduction of fat intake in the diet may interfere with the absorption of those vitamins that are fat-soluble.

- Protein requirements may be quite similar for both the young and the healthy older adult. Some physical and social factors, however, may limit the amount of protein older adults include in their diet. These may include:

  - poor chewing ability
  - increased lactase deficiency
  - high cholesterol and saturated fat content of certain protein foods such as red meat and unskimmed dairy products
  - expense of protein-rich foods.

- Older adults on medication may have different nutritional requirements from those not on medication. Drugs affect how some nutrients are absorbed, and one's nutritional status may affect how drugs are used by the body.

- Large amounts of nitrogen may be excreted from the body because of increased stressful conditions. (Nitrogen is an important constituent of protein.)

- The decreased ability of the body to absorb food nutrients affects protein balance.

- Declining ability of the kidneys to function adequately may make it difficult for the system to handle high concentrations of protein.

- Reduction in the amount of hydrochloric acid secreted by the stomach may reduce the availability of dietary iron, resulting in iron-deficiency anemia.

DIETARY GUIDELINES FOR THE ELDERLY: PART 2

Foods provide six major nutritional constituents, namely:

- Carbohydrates
- Fat
- Protein
- Vitamins
- Minerals
- Water

o Carbohydrate, fat, and protein foods all provide energy/calories.

o Adequate consumption of calories is necessary to allow for a sufficient intake of the essential nutrients.

o It is recommended that the majority of calories consumed in the diet consist of complex carbohydrates found in fruits, vegetables, cereals, and breads. These foods also provide nutrients such as vitamins and minerals.

The Daily Food Guide groups food into four basic categories as follows:

o MILK Group — includes milk, cheese and other dairy products such as cottage cheese, ice cream and yoghurt. Foods from this group provide calcium, and are important sources of protein, vitamin A, and riboflavin.

o MEAT Group — includes meat, poultry, fish, eggs, and legumes. They are important sources of protein, iron, and B-vitamins such as thiamin, riboflavin, niacin.

o VEGETABLE-FRUIT Group — includes broccoli, cabbage, dark green leafy vegetables; oranges, grapefruits and other citrus fruits and juices, tomatoes and tomato juice, cantaloupe, and strawberries, which are valuable sources of vitamin C. Dark green leafy vegetables; deep yellow vegetables and fruits are valuable sources of vitamin A.

o BREAD-CEREAL Group — Foods from this group provide several B-vitamins, iron, and calories. Whole grain products provide dietary fiber/bulk.

PLANNING MEALS

- Include foods from each of the four food groups in the Daily Food Guide.
- Try to include some meat, poultry, fish, eggs, milk, or cheese at each meal.
- Include at least one fruit or vegetable that will provide Vitamin C each day.
- Try to include at least one fruit or vegetable that will provide Vitamin A every other day.
- Divide the foods for the day fairly evenly among meals. If one meal must be heartier (e.g., dinner), this is usually best eaten at midday.
- Because many older people experience changes in the digestive system, they might prefer to eat four or more lighter meals each day. If serving sizes are small, increase the number of servings from each food group daily.
- To add interest to meals and encourage older people to eat foods, vary colors, textures, and flavors of food. For example, combine bland with tart flavors, mild with strong flavors, bright-colored foods with pale-colored foods, crisp foods to contrast softer foods, and hot along with cold food items.
- Include water every day, either at meals or at other times.

Source: Kart, C. S., & Metress, S. P. (1984). Nutrition, the aged, and society. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.

NUTRITION AND THE ELDERLY: A CASE STUDY

Jessica is 85 years old. She retired 20 years ago and moved from the city to a quiet but isolated farmhouse in the country. She has been widowed for 12 years and now lives alone with her pet cat. The old farmhouse is located about 20 miles away from the nearest shopping facility. Jessica does not own a car, neither can she walk long distances because she tires very quickly. The nearest bus stop is about 1-1/2 miles away from her home. During the past eight years, she developed arthritis in her arms and cannot carry heavy packages.

Jessica also suffers from hypertension (high blood pressure) and has been advised by her doctor to have a diet consisting mainly of bland foods. She dislikes the diet a great deal. Even when she is taken out to eat occasionally, she complains that "nothing smells or tastes right any more." During her early life with her husband, she developed a great liking for very rich foods which she now cannot have. Jessica also has another problem: Her dentures are too loose, and she cannot afford a new set on her social security income. She cooks only when she expects company to visit, but this does not happen too often. Jessica takes a variety of vitamin pills every day in the hope that these will give her all the nourishment she needs. She has developed the habit of eating lots of potato chips and cheese curls whenever she is hungry. She boasts proudly to her friends that her nutritional status is very good because she feels great on most days.

Questions:

1. Do you agree that Jessica's nutritional status is very high? Why/why not?

2. List physical factors influencing Jessica's nutritional status.

3. List socio-cultural factors influencing her nutritional status.

NUTRITION AND THE ELDERLY

A balanced diet contributes to good nutrition of older people but there may be important physical and sociocultural factors associated with aging that may also affect their nutritional status. Physical factors which affect dietary intake include:

- o loss of teeth
- o poorly-fitting dentures
- o reduced sense of smell and taste
- o physical discomfort associated with eating
- o chronic health-related conditions
- o decreased physical activity

Sociocultural factors which have some influence on food intake include:

- o food likes and dislikes
- o food fads and fallacies
- o loneliness
- o physical isolation
- o shopping problems
- o reduced spending power

Older people seem to arbitrarily prefer to reject certain foods in the face of direct evidence that such foods are good or bad for their health. Poor chewing ability due to poor dental health or the existence of denture problems, coupled with the expense of certain categories of food (e.g., protein-rich foods) can limit dietary intake. Transporting heavy packages of food may also be no easy task, especially for the socially-isolated individual who has no one to help with shopping and transportation. Income is also a primary factor in determining nutritional status at all ages, but elderly people on reduced income usually possess insufficient purchasing power that limits optimal nutrition.

APPENDIX 3

Unit 3:

Demographic Trends of Aging

OLDER POPULATION QUIZ

Directions: Circle the correct answer for each question.

1. Approximately how many Americans are 65 years of age or over?

   a. 5%
   b. 11%
   c. 20%
   d. 30%

2. The percentage of Iowans who are 65 years of age or over is approximately

   a. 3%
   b. 7%
   c. 14%
   d. 27%

3. States with the largest proportion of older people are

   a. Florida, Indiana, California, Arizona
   b. Arkansas, Illinois, New York, Arizona
   c. Arizona, Texas, South Carolina, Florida
   d. Florida, Arkansas, Rhode Island, Iowa

4. The older population in the United States is influenced by

   a. number of people who move into the country (immigration)
   b. number of people born (fertility)
   c. how long people live (life expectancy)
   d. all of the above

5. A major reason for the proportion of elderly in Iowa is

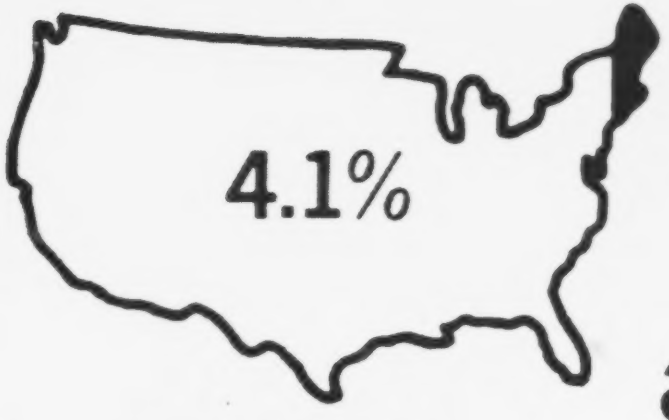
   a. older people leaving the state
   b. younger people leaving the state
   c. older people moving to Iowa to retire
   d. younger people moving to Iowa for jobs

Key:

1. b
2. c
3. d
4. d
5. b

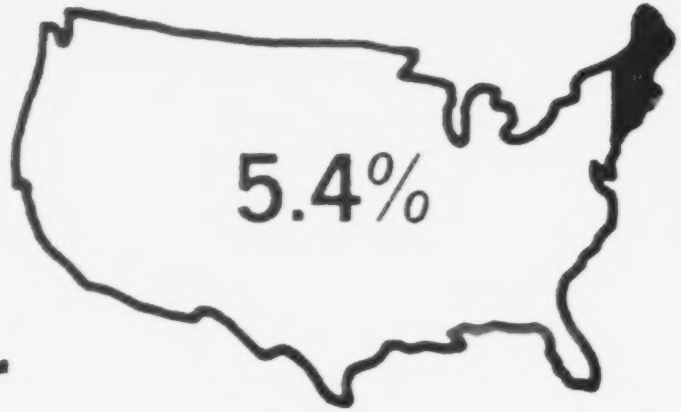
3-B

Percent Population,

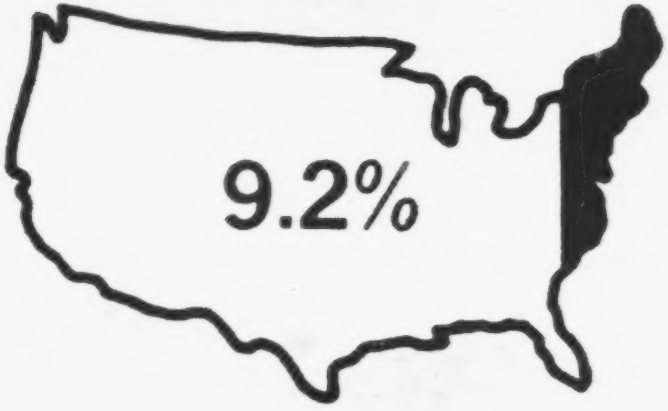


1900

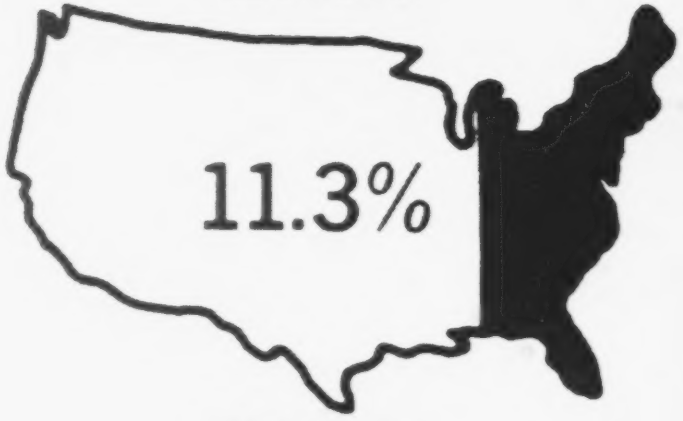
65 and Over



1930



1960



1980

For 1984: 11.9%

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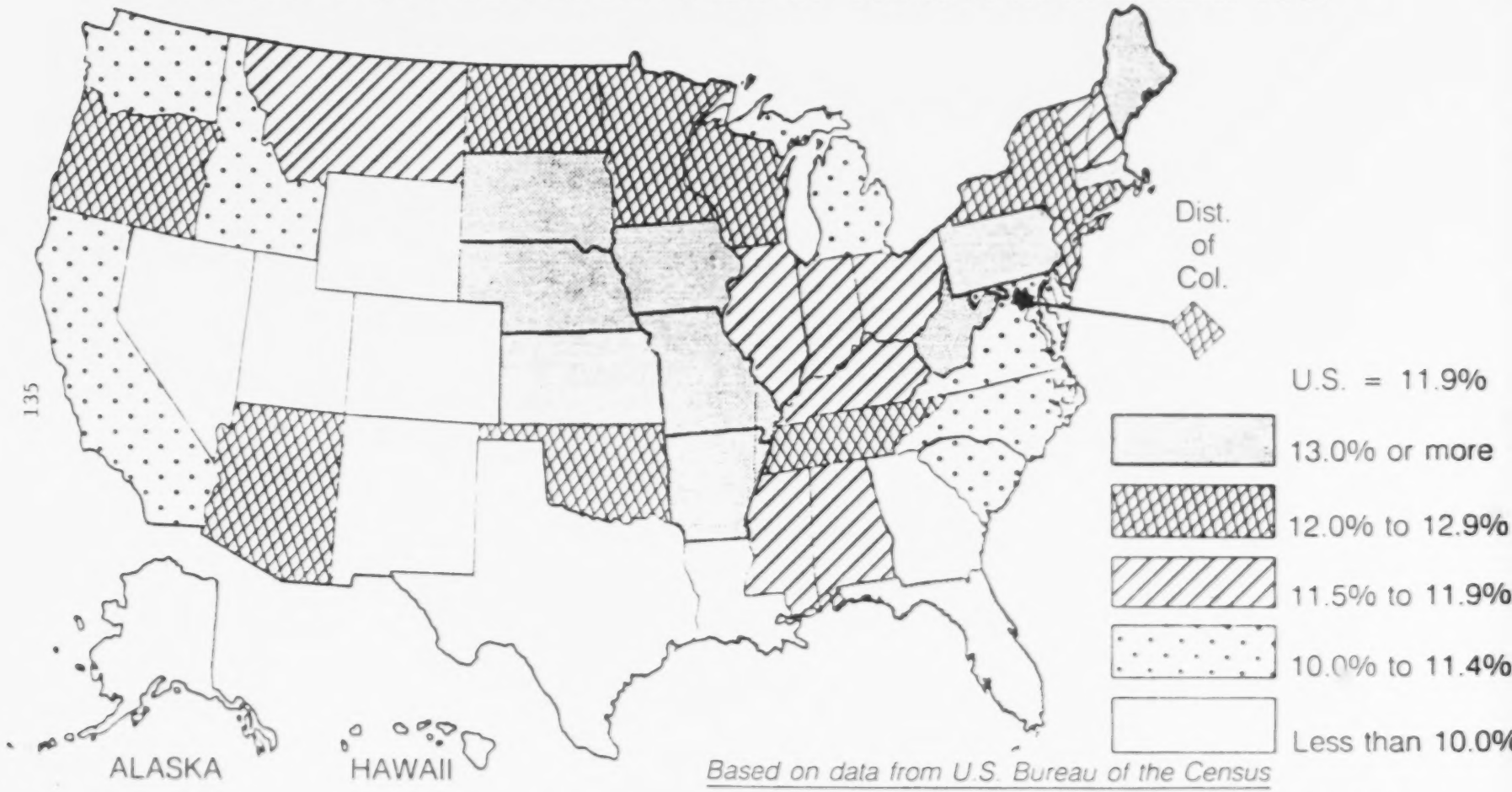
PERSONS 65+ AS PERCENTAGE OF TOTAL POPULATION: 1984



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Based on data from U.S. Bureau of the Census

Source: A Profile of Older Americans - 1985. American Association of Retired Persons.

THE 65+ POPULATION BY STATE: 1984

State	Number (000's) 1984	Percent of all Ages 1984	Percent Increase 1980–84	Percent Below Poverty Level 1979*
U.S., total	28,040	11.9	9.7	14.8
Alabama	476	11.9	8.3	28.4
Alaska	15	3.1	32.6	14.2
Arizona	375	12.3	21.9	12.2
Arkansas	336	14.3	7.4	28.2
California	2,693	10.5	11.5	8.3
Colorado	280	8.8	13.4	12.8
Connecticut	407	12.9	11.6	8.8
Delaware	67	11.0	13.8	13.6
District of Columbia	75	12.1	1.5	18.9
Florida	1,931	17.6	14.4	12.7
Georgia	577	9.9	11.7	25.7
Hawaii	94	9.0	22.9	10.5
Idaho	108	10.8	14.9	16.0
Illinois	1,356	11.8	7.5	11.9
Indiana	638	11.6	8.9	12.7
Iowa	410	14.1	5.9	13.3
Kansas	323	13.3	5.6	14.2
Kentucky	438	11.8	6.8	23.3
Louisiana	435	9.7	7.5	27.7
Maine	152	13.1	7.6	16.4
Maryland	447	10.3	13.0	12.7
Massachusetts	777	13.4	6.9	9.7
Michigan	1,007	11.1	10.3	12.2
Minnesota	517	12.4	7.7	14.8
Mississippi	306	11.8	5.9	34.3
Missouri	682	13.6	5.3	17.4
Montana	96	11.6	13.2	14.4
Nebraska	216	13.4	4.8	15.5
Nevada	87	9.5	32.2	10.7
New Hampshire	114	11.7	10.6	12.3
New Jersey	942	12.5	9.6	9.9
New Mexico	135	9.5	16.6	21.1
New York	2,247	12.7	4.0	11.6
North Carolina	688	11.2	14.1	23.9
North Dakota	87	12.6	7.6	17.0
Ohio	1,280	11.9	9.5	12.6
Oklahoma	401	12.1	6.5	21.0
Oregon	344	12.9	13.4	11.8
Pennsylvania	1,676	14.1	9.5	11.9
Rhode Island	138	14.3	8.7	12.8
South Carolina	331	10.0	15.1	25.4
South Dakota	96	13.6	5.8	20.2
Tennessee	566	12.0	9.4	25.1
Texas	1,514	9.5	10.4	21.2
Utah	128	7.7	16.9	11.8
Vermont	63	11.8	7.8	13.3
Virginia	572	10.2	11.2	17.3
Washington	492	11.3	14.0	11.3
West Virginia	255	13.0	7.1	18.9
Wisconsin	611	12.8	8.4	9.6
Wyoming	42	8.2	12.3	14.0

(Below Poverty Level figures reflect most recent information available)

Based on data from U.S. Bureau of the Census

Source: A Profile of Older Americans - 1985. American Association of Retired Persons.

EXPLANATION FOR APPENDICES 3-F TO 3-J

The following are age/sex pyramids that describe the age structure for the United States and Iowa. Some of the points you may want to emphasize with students when showing these charts are indicated below.

Iowa and U.S. Population, 1850 (Appendices 3-F and 3-G)

1. high death rate at birth (small percentages for 0-4 years)

2. high rates of immigration (large percentages for 15-24 and 25-34 age groups)

3. high death rates in old age (small percentages for 65-74 and 75+ age groups)

Iowa and U.S. Population, 1980 (Appendices 3-H and 3-I)

1. low birth rate (small percentages for 0-4 years)

2. high fertility rate after World War II (Baby Boom group) (high percentages for 15-24 and 25-34 age groups)

3. decrease in death rates for those in old age (larger percentages for 65-74 and 75+ age groups)

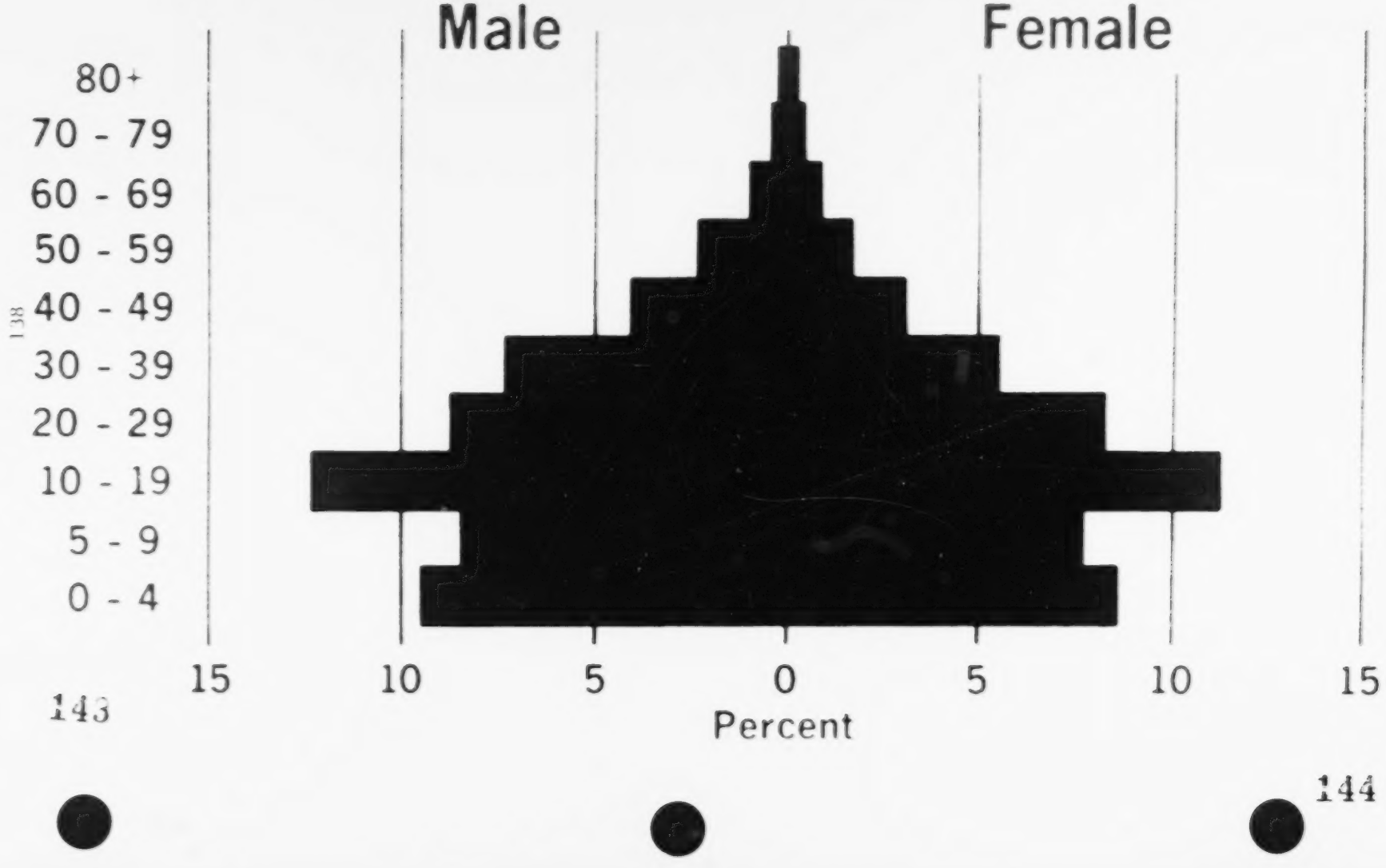
Projected Iowa Population, 2000 (Appendix 3-J)

1. high fertility rate after World War II (Baby Boom group) (high percentages for 35-44 and 45-54 age groups)

2. decrease in death rates for those in old age (larger percentages for 65-74 and 75+ age groups)

3-F

Iowa Population, 1850



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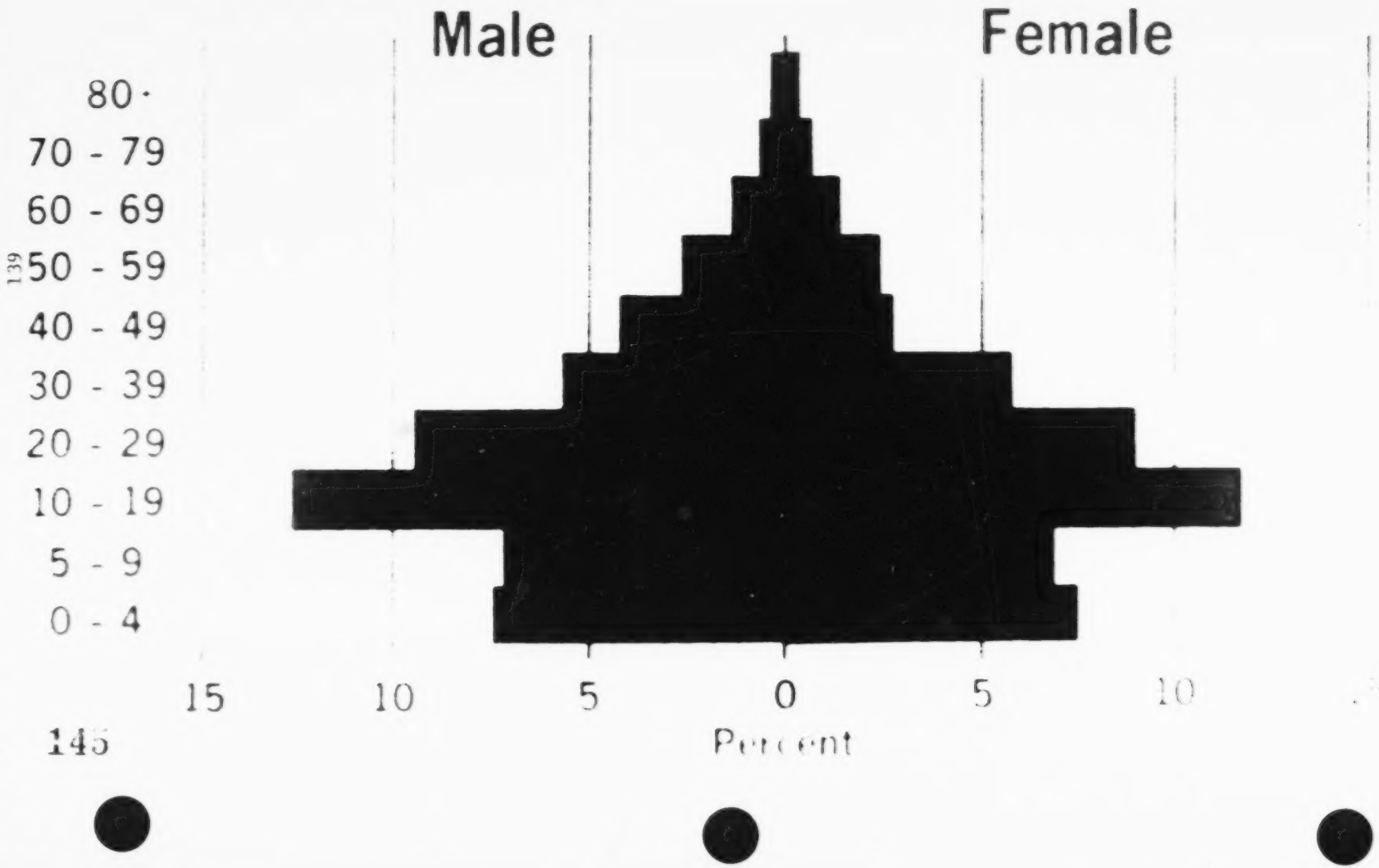
3-6

United States Population, 1850



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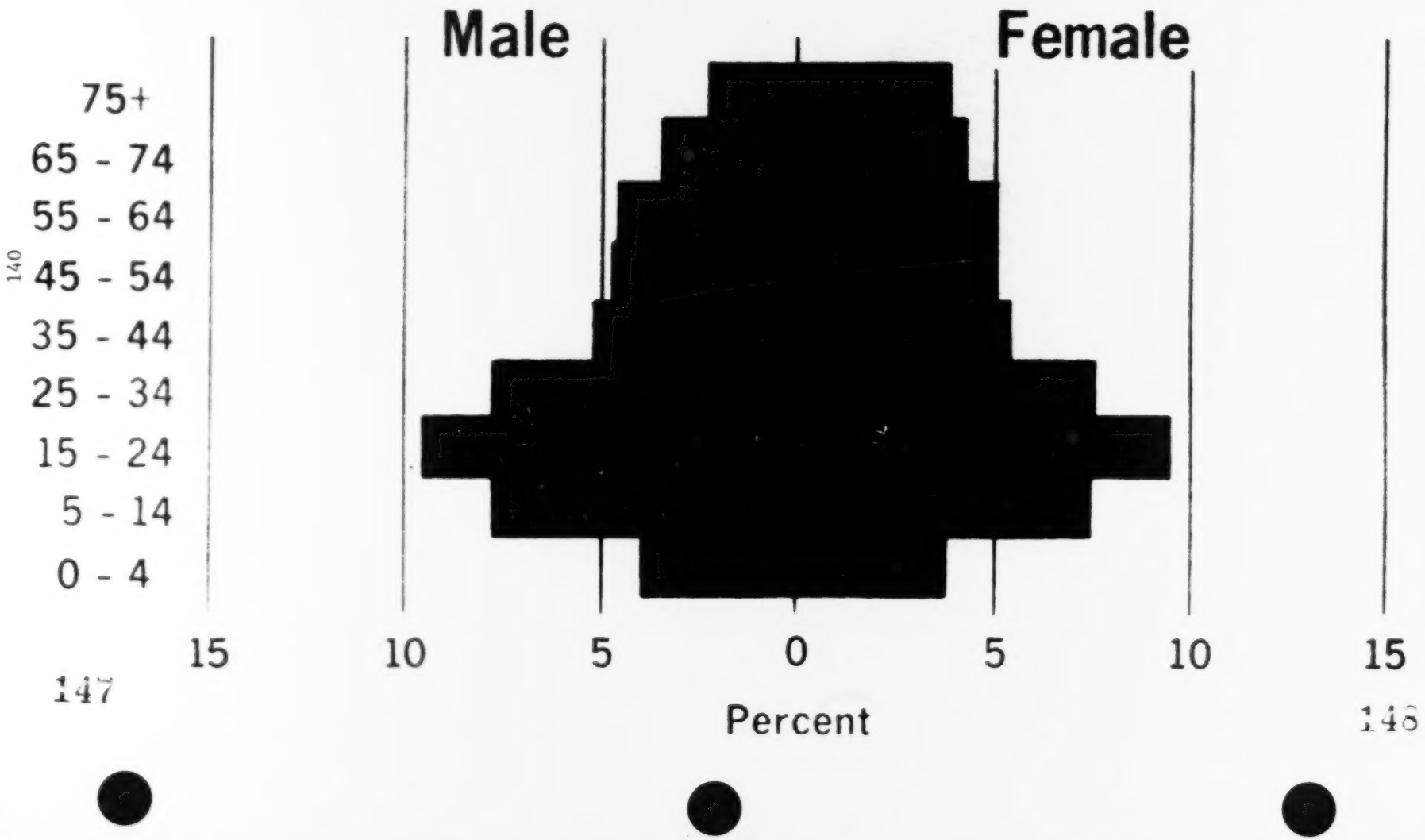
3-H

Iowa Population, 1980



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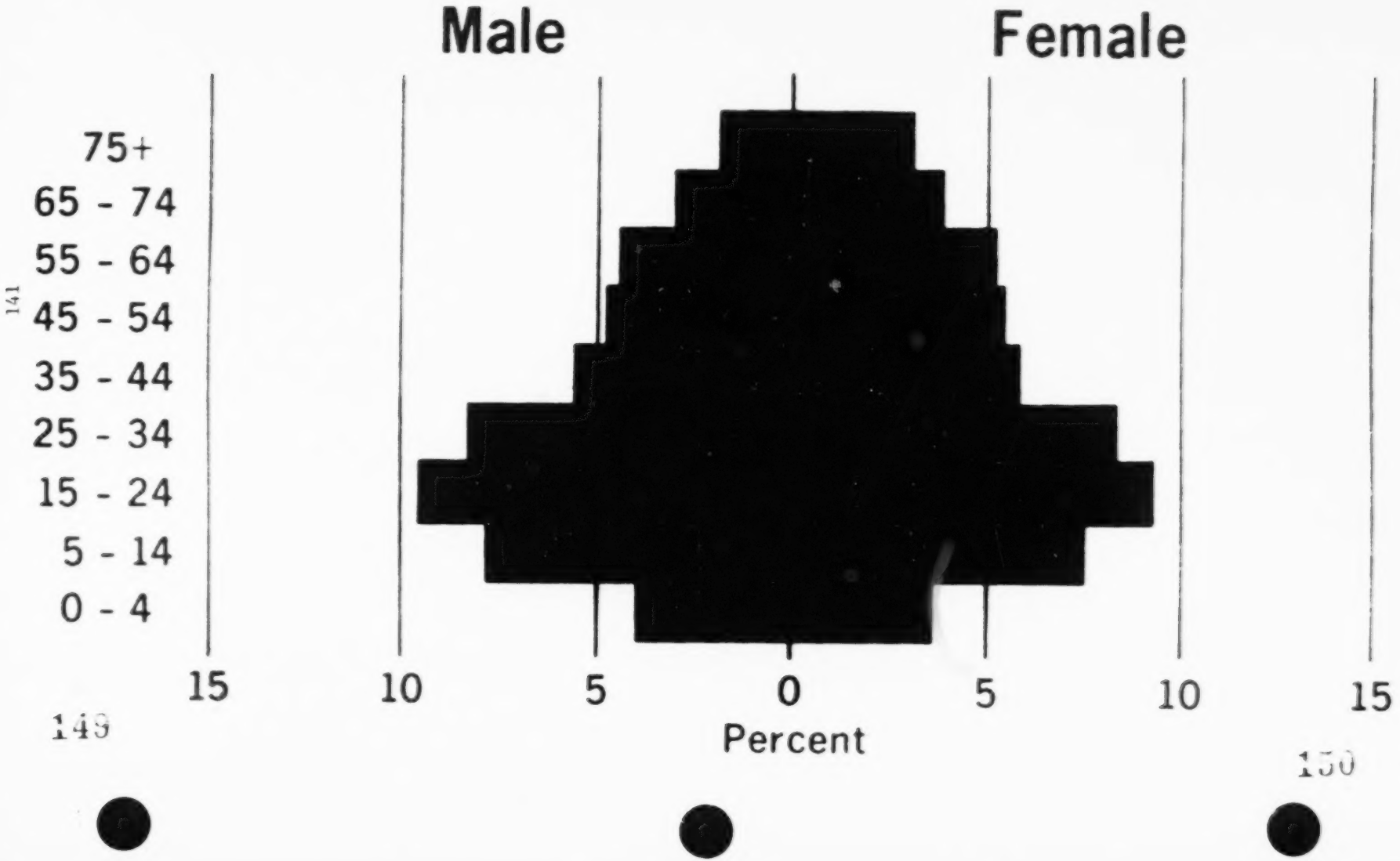
3-1

United States Population, 1980



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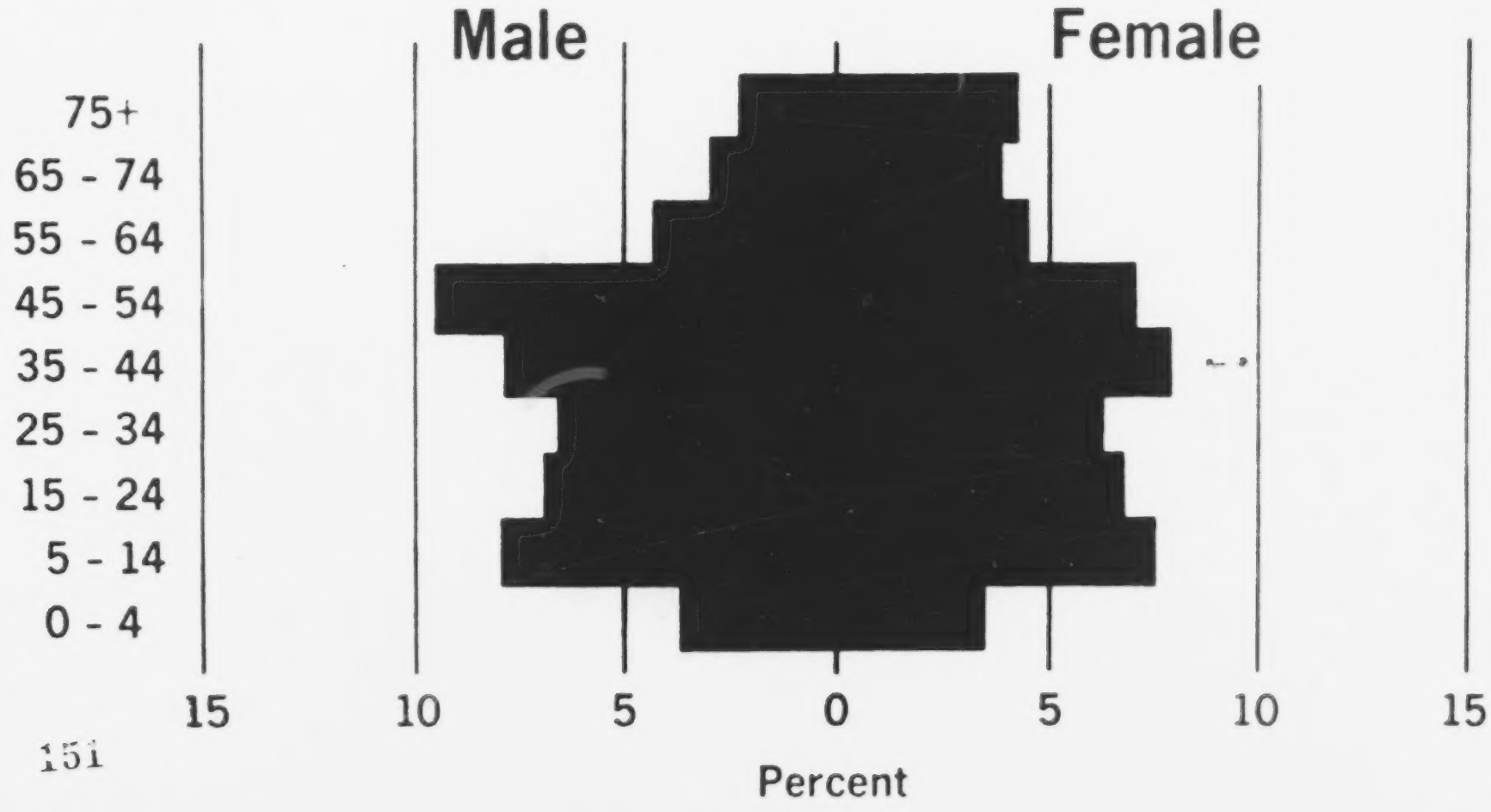
3-J

Projected Iowa Population, 2000



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PERCENT OF PEOPLE OVER 65 AND 85 YEARS OF AGE IN IOWA COUNTIES, 1980

County	Percent 65+/Total Population in 1980	Percent 85+/Total Population in 1980	County	Percent 65+/Total Population in 1980	Percent 85+/Total Population in 1980
Adair	19.7%	2.6%	Jefferson	15.0%	1.9%
Adams	18.8	2.2	Johnson	7.1	0.8
Allamakee	17.0	2.2	Jones	13.5	1.5
Appanoose	18.6	1.9	Keokuk	20.0	2.4
Audubon	18.6	2.6	Kossuth	15.1	1.4
Benton	14.6	1.6	Lee	13.7	1.5
Black Hawk	10.2	1.0	Linn	10.1	1.1
Boone	16.4	2.2	Louisa	13.8	1.5
Bremer	13.1	1.5	Lucas	18.4	2.1
Buchanan	12.2	1.2	Lyon	15.3	1.7
Buena Vista	16.3	2.2	Madison	17.1	2.5
Butler	16.5	1.7	Mahaska	16.1	2.1
Calhoun	19.6	2.4	Marion	14.4	1.7
Carroll	14.8	2.0	Marshall	13.9	1.8
Cass	18.8	2.3	Mills	12.7	1.4
Cedar	14.6	1.7	Mitchell	18.7	2.5
Cerro Gordo	14.4	1.6	Monona	20.1	2.4
Cherokee	15.6	2.1	Monroe	18.4	2.2
Chickasaw	14.5	1.5	Montgomery	19.7	2.5
Clarke	17.1	1.8	Muscatine	12.1	1.5
Clay	13.7	1.6	O'Brien	17.6	2.3
Clayton	16.3	1.7	Osceola	17.2	2.2
Clinton	12.9	1.4	Page	19.1	2.2
Crawford	14.0	1.7	Palo Alto	17.0	1.9
Dallas	13.0	1.6	Plymouth	14.4	1.9
Davis	17.1	1.8	Pocahontas	18.4	2.4
Decatur	18.3	2.7	Polk	10.4	1.1
Delaware	12.5	1.3	Pottawattamie	11.6	1.1
Des Moines	14.1	1.5	Poweshiek	14.9	2.0
Dickinson	16.2	2.5	Ringgold	21.2	2.8
Dubuque	11.1	1.3	Sac	18.9	2.3
Emmet	14.7	1.9	Scott	8.9	0.9
Fayette	16.3	1.9	Shelby	16.1	2.4
Floyd	15.4	2.1	Sioux	12.7	1.4
Franklin	17.2	2.0	Story	8.3	1.1
Fremont	18.5	2.0	Tama	17.0	2.0
Greene	19.1	2.4	Taylor	21.3	2.7
Grundy	15.6	2.0	Union	17.9	2.0
Guthrie	19.8	2.8	Van Buren	18.7	2.1
Hamilton	15.4	1.7	Wapello	16.9	1.8
Hancock	15.4	2.0	Warren	9.2	1.3
Hardin	17.2	2.2	Washington	16.3	2.1
Harrison	17.2	2.1	Wayne	22.9	2.8
Henry	15.3	2.0	Webster	14.7	1.9
Howard	19.2	2.3	Winnebago	17.7	1.9
Humboldt	16.5	2.0	Winneshiek	14.1	1.5
Ida	18.2	2.7	Woodbury	13.3	1.5
Iowa	16.4	2.1	Worth	18.7	2.3
Jackson	13.8	1.6	Wright	18.1	2.2
Jasper	13.6	1.5			

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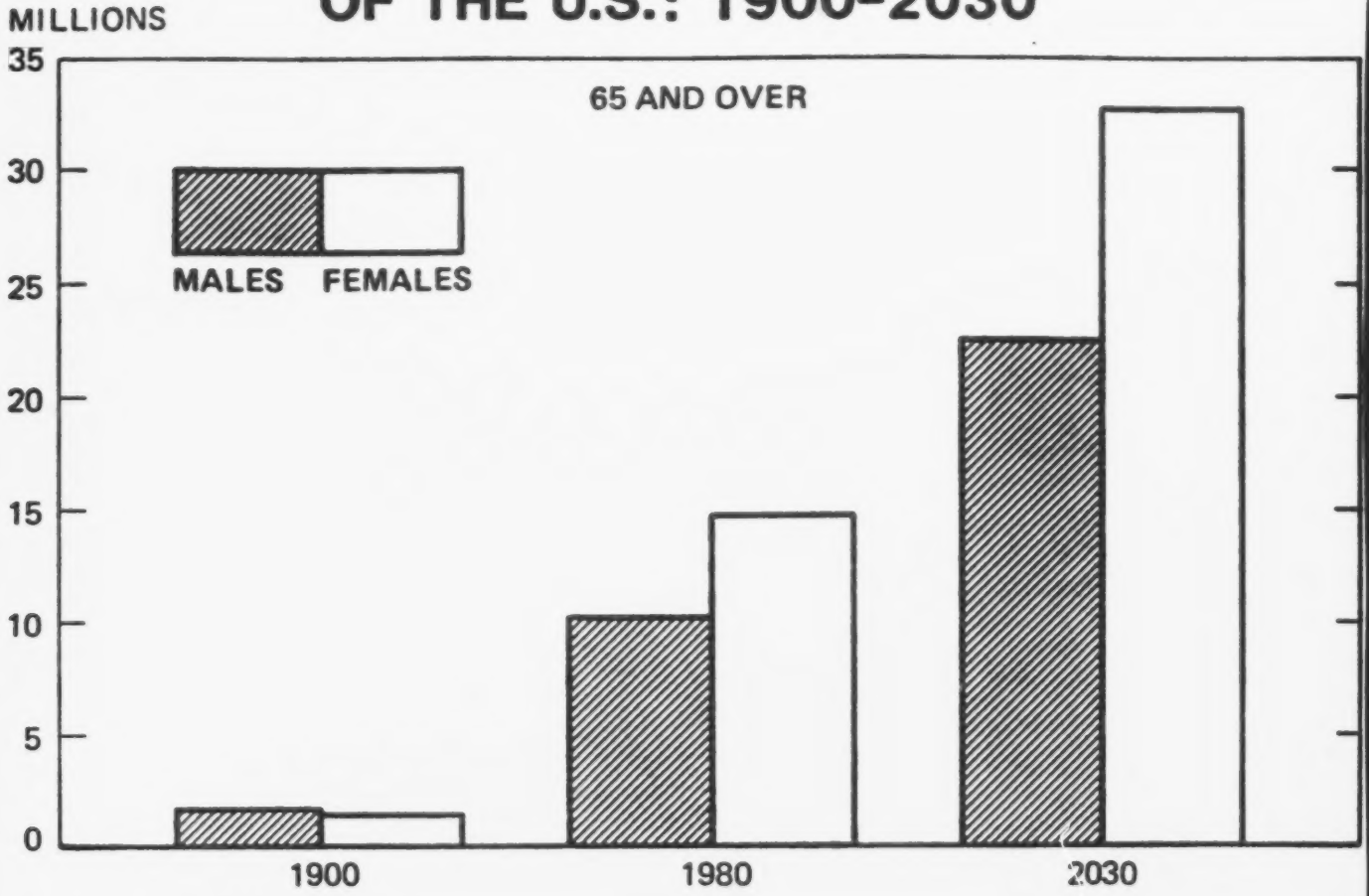
DEPENDENCY RATIO — number of

dependents for each 100 producers

$$\text{Dependency ratio} = \frac{\text{Population aged 0-19 and 65 and over}}{\text{Population aged 20-64}} \times 100$$

Source: Zopf, Jr., Paul E. (1986). America's Older Population. Houston: Cap and Gown Press, Inc.

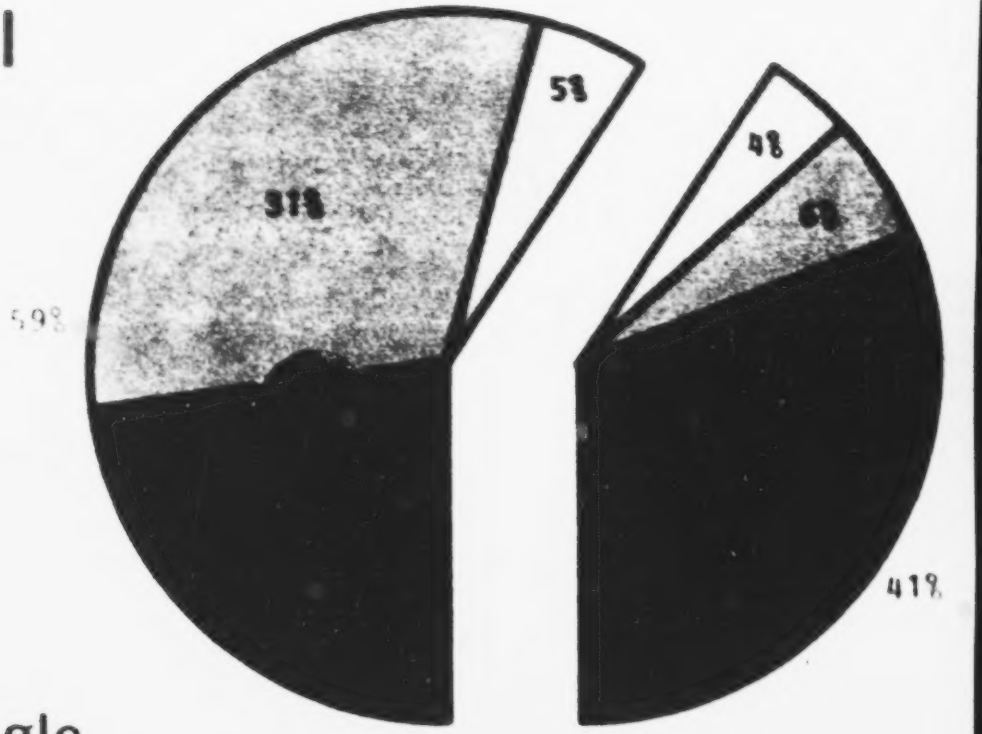
GROWTH OF THE OLDER POPULATION OF THE U.S.: 1900-2030



Source: U.S. Bureau of the Census

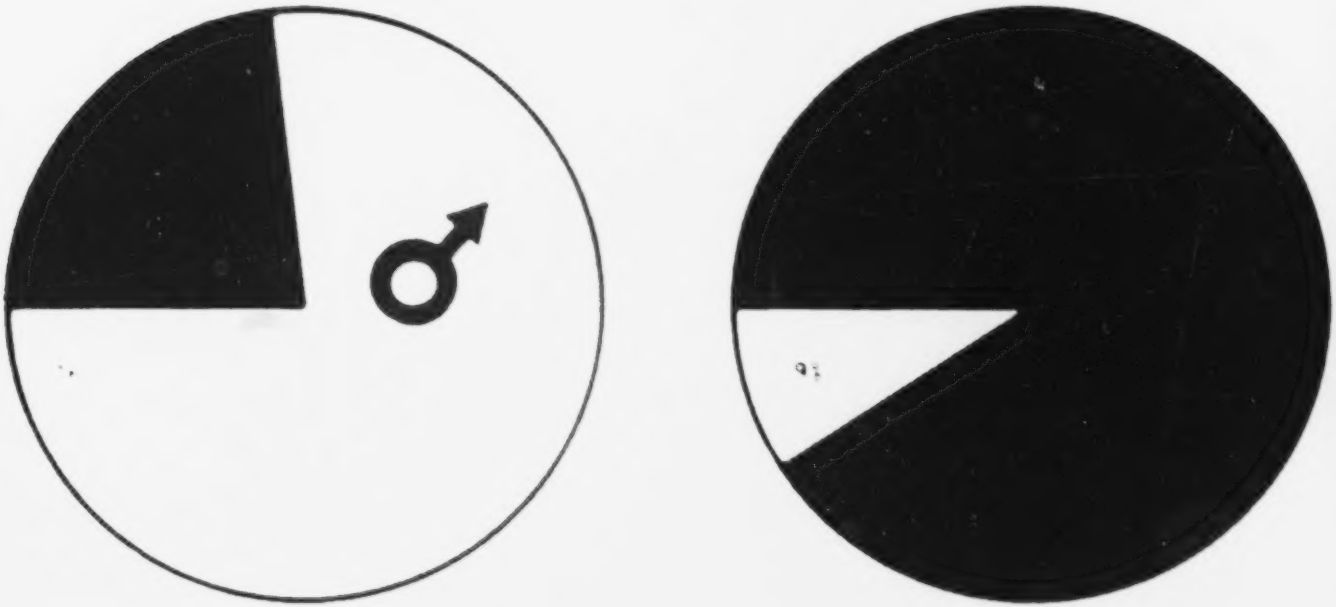
Source: Teaching Suggestions for Growing Old in America. Population Reference Bureau, Inc.

Marital Status



Single
Divorced/Widowed
Married

Living Arrangements
65+ Non-institutional population



Head of Family

Other Family Member

Living Alone or with Non-relatives

APPENDIX 4

Unit 4:

Intergenerational Communication

WHAT WOULD AN AGELESS SOCIETY BE LIKE?

Imagine that the "fountain of youth" has been found and that no one ages past the age of 40. EVERYONE REMAINS YOUNG! Now think of what would be missed if there were no older people around any longer. Make a list of things you would miss if there were no more older people.

THINGS I WOULD MISS IF THERE WERE NO MORE OLDER PEOPLE:

1. 6.

2. 7.

3. 8.

4. 9.

5. 10.

WE THE OLD[1]

We've set ourselves up in our society to compete, to enforce mandatory retirement so that the old will make room for the young. We have forgotten that people tend to become what is expected of them, and our culture has expected old people to just crawl off and die. We have had a fairly young society, and consequently we have thought that when people get old, they ought to get out of the way. We have not really developed an attitude that gives a fair deal to older people. We have gone wrong because our culture has tended to think of old people as kind of a nuisance. They think that we've never learned the difference between rational and emotional thought. The society thinks that we are helpless and stupid.

WE THE YOUNG

We've set ourselves up in our society to compete, and so the young are pressured to be competitive and to "make it" against all odds. We have forgotten that young people have the right to begin to make their own decisions and to be trusted. As young people, we are often not understood, and consequently we are dismissed as not knowing much or not caring. We have not really developed an attitude that gives a fair deal to young people. We have gone wrong because our culture has tended to think of young people as a nuisance. They think that we've never learned the difference between rational and emotional thought. The society thinks that we are helpless and stupid.

[1]Robbin, A. (1982). Aging: A New Look. Participant's Book. The New York Times Company.

BENEFITS OF COMMUNICATION BETWEEN YOUTH AND ELDERLY

Directions: View the film, "Peege," and then identify for each of the following examples where benefits of communication were noted for both Peege (nursing home resident) and Greg (grandson).

	Benefits of Communication for...	
Benefits	Peege	Greg
1. Greater emotional stability		
2. Increased understanding of role changes		
3. Preservation of cultural identities*		
4. Increased self-concept		
5. Development of positive attitudes		
6. Opportunities for self-expression and feedback		
7. Exchange of life experiences		

*May be more applicable for elderly than for youth.

THE STORY OF SAM AND GRANDPA MAX

Sam is a high school junior at Roosevelt High School where he is active in basketball, track and the drama club. He works part-time at a local restaurant to help with household expenses and is also saving some of his earnings to pay for college expenses. Sam, along with his two sisters and mother, lives in a middle-class neighborhood in Des Moines. Sam's mother and father are divorced, and his father now lives in Cleveland with his new wife. Sam's mother works full-time as a lab technician at the local hospital and part-time as a medical clerk on weekends.

When Sam was younger, he spent a lot of time with Grandpa Max, his father's father. Grandpa Max lives in Cleveland, but Sam used to go there every summer for 4-6 weeks. Now Sam does not visit as often, although he cares very much for his grandpa.

Grandpa Max is very opposed to divorce so he does not support what his son and daughter-in-law did. He now is widowed and lives in a retirement village where he has made several friends. Because of his advancing age and limited income, Grandpa Max seldom travels. He particularly hates the "hassle" of the traffic in Cleveland and often gets disoriented when in large crowds. His biggest pleasures are telling "tall stories" to his male friends and volunteering to read to some of the residents who are visually impaired.

DISCUSSION GUIDE FOR

"THE STORY OF SAM AND GRANDPA MAX"

After reading "The Story of Sam and Grandpa Max," have students respond to the following questions:

1. What might be some of the reasons why Sam and Grandpa Max do not communicate as much as they used to?

   (Some possible answers might be:

   a. Grandpa Max lives in Cleveland which is several hundred miles from Des Moines.

   b. Grandpa Max is content with new life at retirement village.

   c. Sam is very busy at school and work.

   d. Sam's mother and father are divorced which strains relationship with Grandpa Max since he opposes divorce.

   e. There may be limited money in the household for Sam to travel to visit Grandpa Max. (Both Sam and his mother work to make ends meet.)

   f. Grandpa Max lacks interest in and money for travel.

   g. Grandpa Max dislikes the "hassle" of traffic which further complicates traveling).

2. How do these reasons relate to sociocultural and socioenvironmental barriers to communication between youth and elderly? (Use Appendix 4-F.)

3. What might be some suggestions for helping Sam and Grandpa Max increase their communication and renew their relationship?

BARRIERS TO COMMUNICATION BETWEEN YOUTH AND ELDERLY

Sociocultural Barriers

Societal values

Change in work roles

Change in family roles

Change in customs from one generation to another

Socioenvironmental Barriers

Change in housing and living arrangements

Lack of transportation

Physical isolation

Environmental distractions

COMMUNICATION AND THE ELDERLY POOR

Most elderly are able to maintain their economic status from when they were younger. However, there are still many elderly who are poor. Some elderly are poor because of their economic condition prior to old age. In other words, they have always been poor. Other elderly have become poor due to not having enough retirement benefits to pay expenses, particularly health costs. These individuals are often called the "new poor." The following are examples of elderly poor:

- o Mrs. Seavers, 86, lives in a small room in a hotel located in a large city. She receives $400 a month from Social Security and $100 in retirement benefits from her late husband. She once had a large house, but sold it a few years ago when she was having severe health problems. Her only child, a son, died of a heart attack at age 63.

- o Mr. Yoder, 78, was a former farm worker on the Holston farms in a rural area in the northwest part of the state. He can no longer work because of health problems. He lives in a small one-room house that was once a chicken coop. His only income is a small Social Security check.

- o Mrs. Ray, 67, has lived on the streets of a large midwestern city for the last 5 years. Commonly called a "bag lady," Mrs. Ray is a common fixture with her shopping cart full of her belongings. She once lived in a hotel room, but when the hotel was torn down, she was without a home. She occasionally spends the night at the local Salvation Army Mission.

Discussion questions:

1. What barriers might prevent these as well as other elderly poor from communicating with others?

2. These elderly poor may not have sufficient income to purchase necessities such as dentures, eyeglasses, hearing aids, walkers, etc. How might not having these necessities affect their communication with others?

3. What suggestions would you make for increasing communication?

STRATEGIES FOR OVERCOMING HEARING AND VISION LOSSES WHEN COMMUNICATING WITH THE ELDERLY

Hearing

1. Use a moderate voice with precision and diction.
2. Speak slowly, giving older person an opportunity to consider words and meanings.
3. Face the older person when talking.
4. Lower pitch of voice.
5. Reduce interfering noise (for example, television, other voices).
6. Secure older person's attention before speaking.
7. Get continuous feedback on whether older person is understanding what is being said.

Vision

1. Encourage older people to control their own lighting when possible.
2. Use high contrast between paper and ink in correspondence.
3. Assist older person in making adjustments when coming from dark into light environment.

FACT SHEET ON DEMENTIA[1]

1. Definition of dementia — Loss or impairment of mental powers. It comes from two Latin words which mean away and mind.

2. Words commonly associated with dementia:
   organic brain syndrome
   senility
   hardening of the arteries
   chronic brain syndrome
   Alzheimer's disease
   Senile dementia

   All of these terms are related to dementia. It is an "umbrella" term for these various conditions.

3. Only 5% of older people suffer from some type of dementia. The disease becomes more prevalent for those who survive into their 80s and 90s, but almost 80% of those who live into very old age never experience dementia.

4. Types of dementia

   a. Alzheimer's Disease

      - o 50% of dementia cases are caused by this disease
      - o first described by a German physician, Alois Alzheimer, in 1907
      - o symptoms (from early to late in the disease)
        - memory impairment
        - difficulty in learning new skills
        - difficulty with tasks that require abstract reasoning or calculation (such as math)
        - language impairment
        - motor skill impairment
      - o condition is irreversible

   b. Multi-Infarct Dementia

      - o caused by repeated strokes within the brain that destroy areas of the brain
      - o memory, coordination and speech may be impaired

[1]Reference: Mace, N. L., and Rabins, P. V. (1981). The 36-Hour Day. Baltimore: The Johns Hopkins University Press.

- o 20% of dementia cases are caused by this condition
- o condition is irreversible

c. Depression

- o characterized by sadness, withdrawal, anxiety, etc.
- o recent study showed approximately 25% of those with symptoms of dementia were depressed
- o condition <u>is treatable</u> and <u>reversible</u>

A Family Member Writes...

MY GRANDFATHER IS AN ABANDONED HOUSE

When I was a little girl, I quite often spent time at my grandparent's house only two blocks away from our home. I can especially recall playing in their bedroom at my grandmother's vanity, brushing my hair with her silver hairbrush or gingerly opening and closing her music box. It was a beautiful mahogany color, shining and delicately decorated, and it was my favorite thing about the old house, bedsides that indescribable "grandma and grandpa" smell. My grandfather was fine then, clever, witty, extremely intelligent; he was not particularly affectionate but obviously enjoyed his grandchildren. When they moved away, I had not noticed any changes in him, but this did not last for long. Alzheimer's disease, a thief who returned night after night to the same home, slowly turned my grandfather into an abandoned house.

The exterior of the house is desolate, the face he showed the world, one well-kept and respectable, is covered with chipped, fading paint and weather-beaten boards. Broken shutters hang haphazardly on rusting nails. His eyes, gaping windows, are void of light, their panes cracked and drying from the wind and sun...They sparkle no more. Warped, battered beams lean precariously against one another, unable to serve their purpose any longer. He is in a state of deterioration— and each day comes closer to complete collapse.

The thief stole all of his exquisite interior, and he is drained of beauty, drained of vitality. Fond memories and loving emotions, the paintings of the happiness in his life, have been removed from his now bleak walls. The fireplace is covered with dust and ash, the mantle painfully bare of photographs, reflections. The huge old rooms of his soul echo when one cries out in them, the sound reverberating on the rotting wood stairs and ceiling, but finding no place to rest. The inhabitants, his hope and spirit, deserted him long ago; that which once housed life and vitality, now only house loneliness....

The last time I saw my grandfather, he could not comprehend our conversations. He merely sat, watching us, but unable to share...until I saw the music box. A remnant of the years when he was bright and alert, the box's beauty had perhaps even deepened. It was the first time I had seen the box in over ten years, and I went to it with joy. Suddenly, that music box represented to me what my grandfather had been.

When I lifted the lid and heard the familiar music, he looked up and said with an expression of reminiscence, "We got that music box from Midori. She was our foreign exchange student from Japan 25 years ago...we never did hear from her again, did we?" I glanced up with surprise, to see him already retreating into his empty house. The fact that after being able to grasp nearly nothing around him, my grandfather reached out to the one thing which was the epitome of my memories of him as he once was, is the last thing my grandfather was able to give me. I do not believe I will ever truly see him again....my grandfather is an abandoned house.

—Ann Wiesner
Age 17
Neenah, Wisconsin

Illustration by Robert John Wiesner

From: Alzheimer's Disease and Related Disorders Association
70 East Lake Street
Chicago, IL 60601
Permission for use is pending.

WAYS TO IMPROVE VERBAL COMMUNICATION WITH PERSON WHO HAS DEMENTIA[1]

1. Make certain you get person's attention and that s/he hears you.
2. Lower tone (pitch) of your voice; a raised pitch may signal that you are upset and is also more difficult for the person to hear.
3. Eliminate distracting noises or activities so that you have person's full attention.
4. Use short words and sentences, avoiding long and complex sentences.

   Ex. "I'm going outside soon." rather than "I'm going to get some things done in the kitchen but I may watch a little television before I go outside."
5. Ask only one simple question at a time. If question is repeated, make certain to use the exact same words.
6. Ask person to do one task at a time, not several.
7. Speak slowly and wait for the person to respond.
8. Remain pleasant, calm and supportive.
9. Use touching and pleasant smile to reassure person.
10. Use other signals besides words such as pointing, touching and demonstrating how to do something.
11. Show affection (hand holding, hugging, sitting together). <u>The physical care you give a severely impaired person communicates to him/her your concern</u>.

[1]Reference: Mace, N. L., & Rabins, P. V. (1981). <u>The 36-Hour Day</u>. Baltimore: The Johns Hopkins University Press.

Act Your Age

OBJECTIVE

To develop empathy and understanding in relationships with old people.

GENERALIZATION

Although old age is accompanied by some physical decline, the emotional and social needs of people remain high throughout the life cycle.

TO THE TEACHER

This role playing activity is designed to be led by an educator.

- Divide the class into three groups: 1. grandparents 2. grandchildren 3. observers.
- Make multiple copies of the role descriptions at the bottom of this page. Give the grandparents and grandchildren their respective roles. Give the observers all three roles.
- The groups should meet separately, for 15 minutes, to discuss their tasks and characterizations and to "get into" their roles.
- Grandparents should talk about what it is like to be old, how they feel physically, how they feel mentally, how much they look forward to visiting with their grandchildren.
- Grandchildren should discuss both their excitement and their apprehension about the visit.
- Observers, who have background on both roles, should make a list of what to watch for during the role-playing exercise.
- Assign role-playing teams. Each team should consist of a grandparent, a grandchild and an observer. (In case of an uneven number of students, a group could have two grandchildren.)
- As the teams simultaneously act out their roles in a 15-minute skit, the observers should take notes of what is happening.
- When the skits are over, discuss the activity as a class, considering these questions:
  - —How did the grandparents feel about their physical limitations?
  - —How did the grandchildren first react to those limitations?
  - —Did the physical impairments prevent the grandchildren from recognizing the mental alertness of the grandparents?
  - —Did the grandparents sense the apprehension of the grandchildren? If so, when? How?
  - —Did they answer the questions of where to go and what to do during the visit? If so, how? If not, why?
  - —How do the students who played the role of grandparent feel about old age now that the skits are over? Have their attitudes changed? If so, how? Why?
  - —Do the student observers believe that there is potential for intergenerational understanding? If so, how? If not, why?
  - —How do the students who played the role of grandchild feel about interacting with old people now that the skits are over? What does the group think we need to know about old age to understand what it is like to be old?
  - —How can caring overcome apprehension?

GRANDPARENT

Imagine that you are going to visit your grandson or granddaughter. You are 70 years of age. It has been two years since your last visit. You are excited at the prospect of spending the weekend with your grandchild and are eager to suggest a few activities. You are as mentally alert as ever and enjoy life as much as possible. However, because of some of the normal physical limitations experienced with old age, you are no longer able to "do as much as you used to." Perhaps you could suggest a good movie, an afternoon at the museum or a picnic in the park. How do you think your grandchild would react to these suggestions?

In order to understand some of the physical limitations of old age, use a few of the following suggestions.

- Put a few popcorn kernels or pebbles in your shoes.
- Smear a light coating of petroleum jelly or cold cream on the outside of the lenses of a pair of glasses or goggles.
- Put cotton in your ears.
- Wear rubber gloves.
- Do 10–20 deep knee bends, then walk with a cane.
- Tape popsicle sticks to several of your fingers, preventing them from bending easily.

GRANDCHILD

You are eager to have your grandparent visit but you really do not know what to do when spending time with an old person. You are apprehensive because your grandparent is hard of hearing, cannot see as well as you can, has arthritis and walks with a cane. You do know, however, that your grandparent always seems very interested in new things, is well-informed, eager to meet people and visit new places. You may have sometimes thought that odd, because you believed that old people are supposed to be as slow mentally as they are physically.

OBSERVER

You have read both the role of grandparent and the role of grandchild. Although the grandparent is physically impaired, he/she is still mentally active and challenged by life. The grandchild loves the grandparent but does not understand old age. Many of the messages that the grandchild has received from the environment (ads, TV, etc.) stereotype old people as inattentive, tired and uninteresting. As these two generations meet, observe how they relate to one another, what problems they may have and how they solve them.

This activity may be duplicated in quantity
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I

DEAR ANN LANDERS*

Dear Ann:

My husband and I are in our 70's, retired and truly enjoying our lives. We only have one problem: We don't understand our grandchildren! Rob, 16, and Susan, 14, come to visit us often, and we really look forward to their visits. However, sometimes they do things we just don't understand. For instance, last week I really wanted to talk to Susan about her goals -- what courses she wants to take in high school and if she has plans for college. SHE COULDN'T SIT STILL for 15 minutes! She rattled off some vague thoughts in words that I didn't know (for sure, Grandma, like I really think college is important, you know, and like, well, you know....). Then she went outside on the patio, put on her sunglasses, used earplugs to hook up to her "box" (portable radio), and nodded her head to some music that I guess she was hearing.

I just don't know the best way to communicate with this young person that I love very much. HELP!

— Distressed Grandma

*Fictitious column

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II

DEAR ANN LANDERS*

Dear Ann:

Hi Ann! I'm 15 years old, pretty, smart, and popular with my friends. I just have one problem. My great grandparents are coming to visit soon and I need some help. I saw them last summer, and it was kind of hard to understand some of the things they do.

Great Grandma is 80 and Great Grandpa is 82. They both are in pretty good health for their age. Sometimes they just want to talk about the old days when they were growing up. They talk about the Depression a lot because that's when they were first married and trying to raise children. I try to understand what the Depression was, but we haven't covered that in American History class yet.

They also are so slow. I mean, I know as you age, there is a slowing down process. But sometimes when I say something, I sometimes have to repeat it. And when I ask a question, it takes them a while to respond.

I love my grandparents, but sometimes it's hard to communicate with them. HELP!

— Confused Teen

*Fictitious column

Subject _____ Name _____

Period _____ Date _____

Empathy With A Capital "E"[1]

Empathy is seeing and feeling things from another person's view. It is a key to good communication. Empathizing with another means you understand how someone feels and why he feels that way, while you yourself, are not experiencing the same feelings.

An empathetic person might say:

- "I know how sad you must feel. My cat was killed by a car last year, so I can understand how you feel about your dog's death.
- "Great! You must be so happy being selected to play on the basketball team. It must be similar to the way I felt when I made the cheerleading squad."

Activity:

1. Create another example of a statement that an empathetic person might make.

2. Briefly state why empathy is so important when you work with the elderly.

3. Analyze how empathy differs from sympathy.

[1]Taken from: Hetrick, N., & Kudis, C. (1984). A Young View on Aging. Prince George's County, Maryland: Board of Education. Permission for use has been granted.

EFFECTIVE LISTENING[1]

I. HEARING VS. LISTENING

Hearing is grabbing sounds out of the air and passing them to the brain.

II. LISTENING INCLUDES

A. Hearing

B. Attention

C. Understanding

D. Remembering

III. EMPATHIC LISTENING — Listening where the person strives to appreciate the other person's feelings as s/he feels them. It requires that a person demonstrate an understanding of and appreciation for the speaker's meanings from an emotional perspective as well as a literal one.

IV. TECHNIQUES FOR EMPATHIC LISTENING

A. Accept the unique world of the speaker and strive to develop a positive, caring attitude toward him/her.

B. Listen for meaning and purpose in the message rather than just hearing sounds, tones, and words.

C. Avoid distracted listening by being patient with speaker and allowing him/her to complete the message, even if it is not clearly stated and focused.

D. Be open to messages from the listener rather than having a predetermined image of what the speaker has to offer.

E. Avoid the tendency to talk rather than listen.

F. Resist the temptation to judge or give advice.

G. Realize that silence can be an important part of communication because it may help the speaker sort out his/her thoughts or find a way to express feelings.

H. Provide feedback that will encourage further communication.

[1]Sources: Strong, J. (1983). Creating Closeness: The Communication Puzzle. Ames, IA: Human Communication Institute.

Hawes, B., Smith, F., & Cameron, B. A. (1986). Life Skills in Family Communication. Ames, IA: Iowa State University.

Atkins, M. (1986). Personal communication.

Response Styles Game[1]

Directions: Teacher will read a situation to the class. Each student will spin the dial on "Response Styles Circle" and react to the situation in the manner where the dial stops.

Example situations:

- Grandmother speaking to teenage grandson -

  "You didn't come to visit me last Sunday when you said you would. I needed a ride to go to church."

- Nursing home patient speaking to nurse -

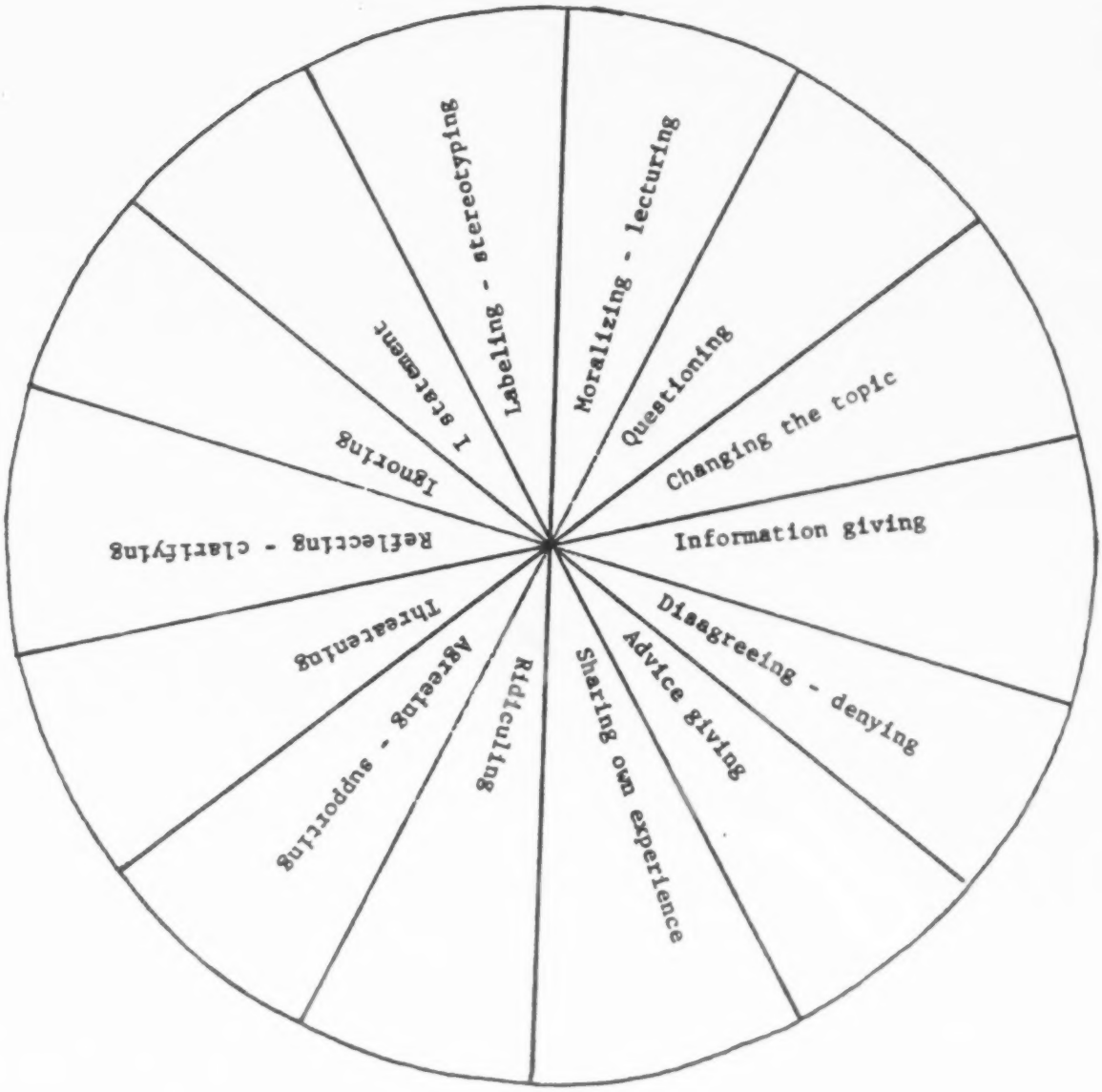
  "You always bring my food in last and it is cold. Why can't you bring my food to me first so it will not always be cold?"

- Older woman speaking to teenage girl -

  "I just came from the doctor and I can hardly walk. He said I should not eat any desserts and not much bread. I just don't know what he expects me to eat."

[1]Taken from: Hetrick, N., & Kudis, C. (1984). A Young View on Aging. Prince George's County, Maryland: Board of Education. Permission to use has been granted.

Response Styles Wheel



Attach with a tack, to the center of the wheel.

Response Styles

EXAMPLE: (Nursing Home patient to nurse). I saw you walking in the hall again with Mrs. Smith yesterday. Why can't you ever walk with me? I like to go for walks, too.

INFORMATION GIVING: Mrs. Smith cannot walk without help. She needs my assistance, but you don't.

ADVICE-GIVING/ORDERING: Use your walker. Then you could walk by yourself whenever you want to.

RIDICULING/CRITICIZING: You're always making silly excuses about not being able to walk alone.

THREATENING: You'll never be able to get out of this room unless you accept the fact that you have to use your walker.

IGNORING: Nurse takes the lunch tray and walks out.

LABELING/STEREOTYPING: People like you with a little problem are always making a big deal out of it.

MORALIZING/LECTURING: I have told you many times that it is good for you to exercise with your walker. You really have to make up your mind and do it.

QUESTIONING: Why don't you go out and walk by yourself?

CHANGING THE TOPIC: You didn't eat very much of your lunch today. Weren't you hungry?

DISAGREEING/DENYING: Oh, Mrs. Allen, you know I walk with you almost every day.

SHARING OWN EXPERIENCE: You think you have problems. I remember when my older sister broke her leg and she had to be helped with everything.

AGREEING/SUPPORTING: You're right. I have been spending a lot of time walking with Mrs. Smith. I'll try to get back and walk with you this afternoon.

REFLECTING/CLARIFYING: You must feel overlooked and neglected when you'd like some time with me, and I'm walking with Mrs. Smith.

I STATEMENT: I'm concerned about your feeling left out, and I appreciate your talking to me about it.

EFFECTIVE SPEAKING[1]

I. SPEAKING

The process of verbally communicating facts, opinions, feelings, ideas, etc.

II. TECHNIQUES FOR EFFECTIVE SPEAKING

A. Avoid annoying modes of delivery (speaking too fast or too slow, too loudly or too softly, etc.).

B. Avoid insincere messages or chitchat that has little meaning.

C. Provide listener with your own honest feelings, situations and interpretations (Examples: "I think," "I feel," "I believe," "My opinion," "My perception").

D. Try to eliminate environmental distractions (noise from other people talking, television, traffic, etc.) so that listener can focus on you.

E. Use nonverbal communication to help convey the message.

1. eye contact

2. touch

3. facial expressions

4. gestures

[1]Source: Strong, J. (1983). Creating Closeness: The Communication Puzzle. Ames, IA: Human Communication Institute.

Hawes, B., Smith, F., & Cameron, B. A. (1986). Life Skills in Family Communication. Ames, IA: Iowa State University.

Atkins, M. (1986). Personal communication.

EFFECTIVE WRITING[1]

I. WRITING

The process of conveying facts, opinions, feelings, ideas, etc. through written communication.

II. TECHNIQUES FOR EFFECTIVE WRITING

A. Use clearly stated facts when the goal of the message is to convey thoughts, ideas, etc.

B. Include opinions and feelings when trying to communicate a personal message.

C. Avoid use of "jargon" that may not be understood by someone who is not of your age group.

D. Use proper punctuation, spelling, grammar, etc. when writing to help in correct interpretation of message.

E. Use contrasting ink and paper (black or dark blue on white) when writing messages to older people.

[1]Source: Strong, J. (1983). Creating Closeness: The Communication Puzzle. Ames, IA: Human Communication Institute.

Hawes, B., Smith, F., & Cameron, B. A. (1986). Life Skills in Family Communication. Ames, IA: Iowa State University.

Atkins, M. (1986). Personal communication.

NAME _____

"WRITTEN MESSAGES"[1]

Messages that are accurate and meaningful:
1) state the important facts and
2) include opinions that will help make the message more personal

Part I. State the important facts as you write the following messages.

1. A telephone message — just as you arrived home from school, the meat cutter at the grocery store called for your mother with a question about her special order. She is to call back by 5 p.m.

2. Write directions to your home from the main highway through town.

Part II. Choose one of the following messages to write. Include opinions that help make the meaning more personal.

1. Write a thank you note to your grandmother who sent you $10 for your birthday.

2. Write a letter to your "adopted" older person telling him/her about your activities of the past week.

3. Write a note to an older person you met at the senior center thanking him/her for allowing you to visit.

[1]Adapted from: Hawes, B., Smith, F., & Cameron, B. A. (1986). Life Skills in Family Communication. Ames, IA: Iowa State University.

POSSIBLE SCHEDULE AND LOG ENTRIES FOR

VISITATION WITH OLDER PERSON

Visit #1 — Get Acquainted (Introductory Activity #4, p. 14)
Log Entry: First impressions of older person

Visit #2 — Interview on applications of definitions of old (Activity 5.1 on p. 20; Interview Guide, Appendix 1-F)
Log Entry: Answers to questions included in Interview Guide

Visit #3 — Volunteer work with older people (Activity 1.3 on p. 30)
(This may be done at selected older person's home or at senior center, retirement home, nursing home, senior center, apartment complex or congregate meal program.)
Log Entry: Realistic perceptions of elderly
(Myths and stereotypes versus facts about older people.)

Visit #4 — Sharing items of value with the elderly (Activity 2.1 on p. 98)
Log Entry: Listing of items of value for both student and older person. Description of why items are considered valuable.

Visit #5 — Reactions to writing activity (Activity 2.1 on p. 98)
Log Entry: Summary of discussion of letters

Visit #6 — Life Review (Activity 2.1 on p. 100)
Log Entry: Summary of what was learned during life line activity

Visit #7 — Recognition activity (Activity 2.1 on p. 100)
Log Entry: Summary of what was learned during visits with older person and ways communication might be continued

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AND
RESOURCES

BIBLIOGRAPHY

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This handbook includes five content areas of instruction on aging: Chronological aging, biological aging, sociological aspects of aging, psychological aging, the community and the older individual. Suggested objectives for specific concepts are outlined for elementary and secondary students. Copies are available for $1.75 each from Publications Sales, California State Department of Education, P.O. Box 271, Sacramento, CA 95802.

Cameron, M. (1976). Views of Aging, A Teachers' Guide. Ann Arbor, MI: Institute of Gerontology, The University of Michigan/Wayne State University, 179 pages.

This comprehensive curriculum guide on aging includes content and learning activities for secondary students in the following broad topics: a personal view of aging, an environmental view of aging and a societal view of aging. Available for $5.50 from the Institute of Gerontology, 520 East Liberty Street, Ann Arbor, MI 48109.

Ernst, M., & Shore, H. (1975). Sensitizing People to the Processes of Aging: The In-Service Educator's Guide. Denton, TX: Center for Studies in Aging, North Texas State University, 128 pages.

This manual provides basic information on the processes of aging, and places emphasis on the sensory and physical changes which are likely to affect the way older persons react to their surroundings. The guide is useful when working in training situations with nursing home personnel but can be adapted for use with community groups and secondary learners. The manual is available for $4.50 from the Center on Studies in Aging, P.O. Box 13438, NT Station, Denton, TX 76203.

Fife, S., Greenwood, B., & Hudson, P. (1980). Integrating Aging into the Home Economics Curriculum. Tallahassee: Florida State University, 178 pages.

This comprehensive curriculum guide provides content and learning activities for integrating aging into home economics areas of human development, housing, food and nutrition, clothing, and consumer education. The guide may still be available at no cost from Bonnie B. Greenwood, Department of Home Economics Education, Florida State University, Tallahassee, FL.

Griswold Community High School. (1984). Project Outreach: Nutrition. Vocational Home Economics, Griswold, Iowa.

This project report describes an outreach program serving secondary students in consumer and homemaking. Objectives, organization, implementation and evaluation are described. Curriculum materials developed are also included. Content includes various aspects on nutrition for older adults. Report may be obtained by contacting Home Economics Consultant, Career Education Division, Iowa Department of Public Instruction, Grimes Building, Des Moines, IA.

Hetrick, N., & Kudis, C. (1984). A Young View on Aging. Prince George's County, Maryland: Board of Education.

Comprehensive curriculum guide that has been used to teach a one-semester course on aging.

Instructional Material Laboratory. (1980). Aging: Family Relationships and Parenting Education. Instructional Material Laboratory, University of Missouri-Columbia, Catalog No. HE-46-I.

The unit is one of the several modules designed for instruction at the 11th and 12th grade levels. The instructional unit includes objectives, suggested activities, information sheets, job sheets, transparency masters, a test, and answers to the test.

Jackson, M. (1979). Aging, A Review Unit for High School Home Economics Students. Iowa City: University of Iowa, 79 pages.

This 2-3 week unit is designed to raise students' consciousness about older people and about their own aging process. Twelve lessons (content and learning activities) are included. Further information about the unit may be obtained by contacting the Department of Home Economics, University of Iowa, Iowa City, IA 52242.

Jantz, R. K., Seefeldt, C., Galper, A., & Serock, K. (1976). Children's Attitude toward the Elderly. Department of Early Childhood, University of Maryland.

This unit is divided into five sections: preschool, kindergarten, first and second grades, third and fourth grades, and fifth and sixth grades. Each grade level is presented with specific objectives based on children's attitudes toward the elderly.

Pestle, R. (1979). Knowing the Elderly in Your Community through Home Economics. Washington, D.C.: Home Economics Education Association, 28 pages.

The purpose of this publication is "to supply educators with a succinct reference containing information related to the elderly to be used

as a basis of curriculum planning." The publication includes background information on various dimensions of aging (physical, psychological and social) and also includes learning experiences and activities within various subject matter areas of home economics. Available for $2.00 from HEEA, 1201 Sixteenth Street, N.W., Washington, D.C. 20036.

Robbin, A. (1982). Aging, A New Look. Circle Pines, MN: American Guidance Service.

This comprehensive group discussion program is designed to bring people together to talk about "the problems and promises of aging." Topics addressed include: ageism, assertiveness, communication, family and friends, history, intergenerational relationships, practical information, reminiscence, self-esteem and self-study. The program includes moderator's manual, participant's handbook, two audiocassettes, poster and other promotional materials, full color comic book, and sample certificate of participation. The program is designed to be used with older adults but is also very appropriate for use with intergenerational groups. Available for $44.45 from American Guidance Service, Publishers' Building, Circle Pines, MN 55014.

Working with Older People: A Resource Kit. (1982). Columbus, OH: The National Center for Research in Vocational Education.

This package of training materials is designed to help practitioners and students of aging learn strategies for dealing with the "hard to handle" problems of working with older people. The kit contains 43 simulated situations that are based on reports by over 200 workers in the field of aging, three competency-based modules that will help instructors make better use of simulation techniques and group discussions, and instructor's guide. Accompanying audiovisuals (slide presentation — $35.00; 15 simulation films — $340.00) are also available. Printed materials are available for $22.00 from National Center for Research in Vocational Education, Ohio State University, 1960 Kenny Road, Columbus, OH 43210.

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Schmall, V. (1981). In the Middle Years: Changing and Growing. Oregon State University Extension Service, EC 1056, 7 pages.

Schmall, V., & Isbell, L. (1984). Aging Parents: Helping When Health Fails. Pacific Northwest Extension Publication, PNW246, 12 pages.

Schmall, V., & Cleland, M. (1985). Helping Memory-Impaired Elders: A Guide for Caregivers. Oregon State University Extension Service, Extension Circular 1211, 20 pages.

Straatman, M. (1982). In the Middle Years: Turning Points. Oregon State University Extension Service, EC 1019, 5 pages.

Games

Schmall, V. (1982). Families and Aging: Dilemmas and Decisions. Corvallis: Oregon State University Extension Service.

This educational game is about problems facing families in later life. The game includes a game board, instructions, playing pieces, die and seven sets of cards with 25 cards in each set. The game may be ordered for $20.00 (plus shipping) from Oregon State University Extension Service, Agricultural Fiscal and Personnel Office, 136 Agricultural Hall, Oregon State University, Corvallis, OR 97331.

Films

I. Available through Iowa State University Film and Video Collection, 1984-1986.

A Piano for Mrs. Cimino. Catalog #67129H, 1981, 90 min., color, videotape, $14.35.

Esther Cimino is 73 years old. Her husband, Frank, died suddenly within the last year while on a Carribean cruise. Since her husband's death, she has cut herself off from the world. She has been hospitalized and her family needs to deal with her care.

After Autumn. Catalog #US20300F, 1971, 10 min., color, 16mm, $10.50.

Set in a rural area, this film shows a day in the life of an 82-year old farmer, living alone, coping with the problems of isolation and abandonment.

Aging. Catalog #US40158F, 1973, 20 min, color, 16mm, $16.00.

Attempts to answer the question, "What is it like to be old?" Shows that there are many patterns of aging, and that many widely believed negative stereotypes about the aged are untrue.

Don't Stop the Music. Catalog #S48784F, 18 min., color, 16 mm, $9.40.

Although people move and live at different tempos, each person does not suddenly change his/her lifestyle when he/she reaches 60 or 65. In this film, older Americans speak for themselves, dispelling myths as they show their capacity for enjoyment, productivity and active life. Not all of them, though, are older "Americans in action," and there are problems. "Don't Stop the Music" also examines the ways communities can help. With greater understanding and improved services, more older Americans can remain useful, contributing citizens.

Forever Young. Catalog #S57726F, 1981, 57 min., color, 16 mm, $30.10.

The fear of aging is one of the most persistent phobias of our youth-oriented culture. The film examines this fear and attempts to find out what the post-retirement years are really like. The filmmaker goes directly to the experts, a selected group of active, interested and interesting people who come from various professional, racial and social backgrounds. They include a skydiver, an artist, a farmer, the founder of the American Civil Liberties Union (Roger Baldwin), a retired high school principal, a toymaker, a caretaker, a columnist (Max Lerner), a barnstormer, a bee keeper, and a critic (Norma Stoop). All are over 65. The 26 individuals interviewed speak candidly of their enjoyment of life and frankly about health, happiness, retirement, sex and death. A motivating and factual presentation for a variety of age groups and situations.

Never Trust Anyone Under Sixty. Catalog #S58515F, 1971, 60 min., color, 16 mm, $11.50.

Illustrates many of the problems of the aged through rehearsal scenes from a play and several short films. Includes problems of nutrition, housing, transportation and negative attitudes toward the elderly in our society. Points out some existing programs which are helping to improve the situation and offers suggestions for individual action.

Peege. Catalog #S58528F, 1974, 28 min., color, 16 mm, $19.80.

A family's Christmas visit to their aged grandmother, Peege, now blind and helpless in a nursing home. Through the eyes of her eldest grandson, we share memories of her past. He struggles to communicate his affection for her and finally succeeds. Demonstrates the importance of even a small gesture of affection to the ill and aged.

To Be Growing Older. Catalog #S38921F, 1973, 16 min., color, 16 mm, $15.00.

Dialogue between aging retirees and young people designed to assist in the identity crises faced by the elderly who are no longer working or able to get around in society. Concentrates on developing the healthy attitude: "Do less for the aged and more with them."

II. Available through the University of Iowa Film and Video Collection, 1984-1986.

Aunt Arie. Catalog #U40323F, 1975, 16 min., color, 16 mm, $16.20.

Captures through informal interview and observation the life style and unique personality of an 87 year old woman.

Close Harmony. Catalog #U50979F, 1981, 30 min., color, 16 mm, $21.30.

A sensitive documentation of a successful attempt to span the generation gap through singing together.

Generations. Catalog #U20563F, 1979, 11 min., color, 16 mm, $14.30.

An elderly couple comes to the park for a picnic. The old man joins a neighborhood boy at the playground swings and they challenge one another at various games. Finally, they spend a pleasant afternoon sharing food, talk, new interests, and experiences.

Looking for Yesterday. Catalog #U50959F, 1978, 29 min., color, 16 mm, $17.50.

Captures the pain of life in a nursing home, while offering hope for severely disoriented residents through an innovative form of therapy. Through an interactive process, residents adjust to their life and experience feelings of self-respect and heightened awareness.

Nobody Ever Died of Old Age. Catalog #U65071F, 1975, 58 min., color, 16 mm, $29.70.

Depicts the problem of aging in our society by focusing on a group of elderly people and letting them tell their own stories.

Old Is. Catalog #U30529F, 1979, 13 min., color, 16 mm, $14.70.

Introduces four delightful men and women who have remained vigorously active in their 70's, 80's and 90's. Reveals the challenges, frustrations, pleasures and satisfactions of aging. In a society where youth is revered, the viewer comes to understand that old is a state of mind.

Ruth Stout's Garden. Catalog #U50730F, 1976, 23 min., color, 16 mm, $19.50.

A biographical portrait of a 90-year old woman who remains active. Stresses the themes of a positive attitude toward aging, women in society, and individualism.

The Elders. Catalog #U65020F, 1973, 59 min., color, 16 mm, $22.60.

This film deals with aging as a process of continual change. America is presented as a paradox for the elderly where technology insures long life but society's health-care provisions for the elderly are ineffective, and senior citizens find it difficult to enjoy its cultural riches.

These Are the Days. Catalog #U40418F, 1982, 20 min., color, 16 mm, $18.30.

Addresses the fears and stereotypes of aging in a creative manner designed to promote intergenerational relationships. Includes activities and communication between young people and senior citizens.

To A Good, Long Life. Catalog #U40219F, 1976, 20 min., color, 16 mm, $16.40.

Visits four old people who have varied, interesting life styles and who enjoy the advantages of age.

Trigger Films On Aging. Catalog #U30527F, 1971, 15 min., color, 16 mm, $13.80.

Presents five episodes dealing with the characteristics, attitudes and problems of the aged.

Other Media

Age-Related Vision and Hearing Changes: An Empathic Approach. (1975). Ann Arbor: University of Michigan, Institute of Gerontology, 520 East Liberty Street.

This two-part slide/tape program shows how sensory losses can affect elderly people's ability to function in their daily lives. The first part presents an overview of age-related vision and hearing losses. Through distorted slides and tapes, the second part helps viewers to actually experience hearing and vision losses.

Edith and Henry. (1984). Oregon State University Extension Service. (Also available from Family Environment Extension, LeBaron Hall, Iowa State University, Ames, IA 50011, 515-294-6568.)

An 18-minute slide/tape program that addresses topics related to aging parents and adult children. A family decision-making model is presented and the importance of pre-planning is stressed. A written workshop guide is also available.

Insights on Aging: Aging and Creativity. (1979). American Home Economics Association. (Also available from Family Environment Extension, LeBaron Hall, Iowa State University, Ames, IA 50011, 515-294-6568.)

This packet contains a slide tape presentation, the topic of which is aging and creativity. Also included is a leader's guide that includes such topics as attitudes on aging, intergenerational communications, facts about aging, etc. Fifteen activity sheets that can be duplicated focus on value clarification, and other exercises related to aging topics. The format of this program was developed for the overall purpose of encouraging participants to consider their attitudes toward aging and the effects of these attitudes on behavior and relationships.

OK to Be Old: Approaches to Aging. (1980). Pleasantville, NY: Sunburst Communications.

Introduces and sensitizes students to the realities of being old in America. Shows how various old people live and think about themselves. Corrects many prevalent misconceptions about this diverse age group. Encourages students to examine their own attitudes about growing old. Notes the value of spending time with older people. Three filmstrips, three cassettes, teacher's guide, $129.

Old Enough to Care. (1984). New York: Corporation for Public Broadcasting.

Consists of six 15-minute television programs, a teacher's guide, and student materials. Encourages intergenerational communication and activities by stressing interests common to both young and old. Can be borrowed by contacting Public Broadcasting Council of Central New York, Inc., 506 Old Liverpool Road, Liverpool, NY 13088.

National Organizations

Alzheimer's Disease and Related Disorders Association
70 East Lake Street
Chicago, IL 60601
(800)621-0379

American Association of Retired Persons
1909 K Street, N.W.
Washington, D.C. 20049
(202)728-4375

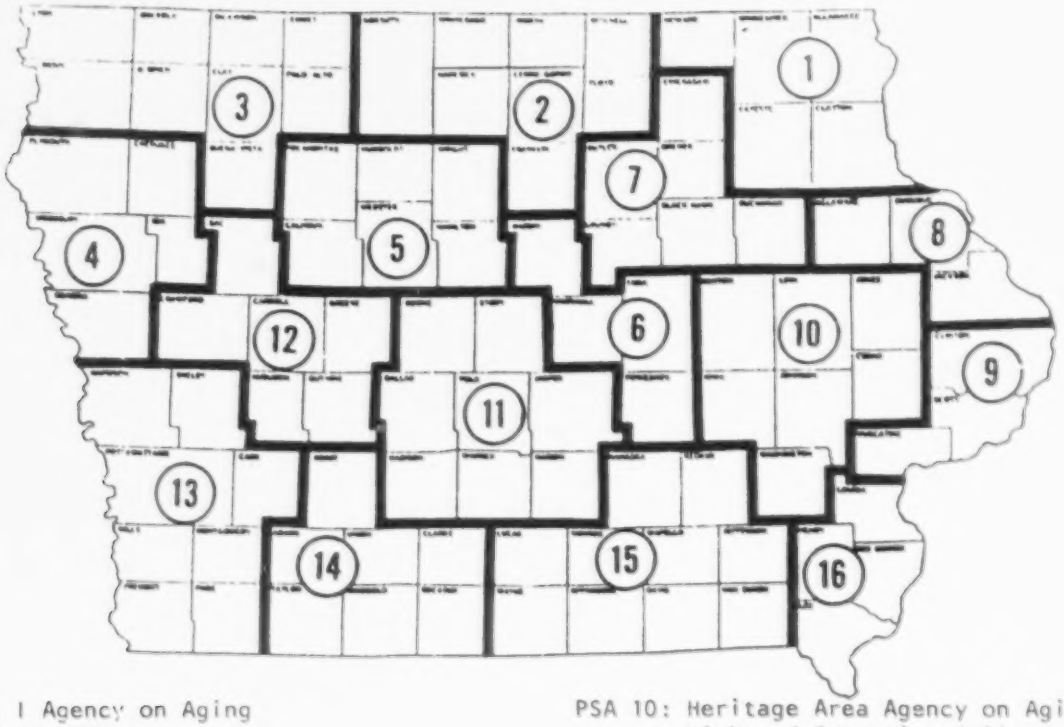
Foster Grandparent Programs
ACTION Agency
806 Connecticut Avenue, N.W.
Washington, D.C. 20525
(202)634-9349

National Council on the Aging, Inc.
600 Maryland Avenue, S.W.
Washington, D.C. 20024
(202)479-1200

Population Reference Bureau, Inc.
1337 Connecticut Avenue, N.W.
Washington, D.C. 20036
(202)785-4664

Retired Senior Volunteer Programs
ACTION Agency
806 Connecticut Avenue, N.W.
Washington, D.C. 20525
(202)634-9353

The following map shows the area agencies on aging within their planning and service area.



PSA 1: Area I Agency on Aging
Decorah, Iowa
Bruce Butters, Director
(319) 382-2941 or 2942

PSA 2/5/12: Elderbridge Area Agency on Aging
Mason City, Iowa
Donald Fyerkerk, Director
(515) 424-0678)

PSA 3: Iowa Lakes Area Agency on Aging
Spencer, Iowa
Greg Anliker, Director
(712) 262-1775

PSA 4: Area IV Agency on Aging - Siouxland Interstate Metropolitan Planning Council (SIMPCO)
Sioux City, Iowa
Rick Motz, Director
(712) 279-6286

PSA 6/7: Hawkeye Valley Area Agency on Aging
Waterloo, Iowa
Chris Harshbarger, Director
(319) 233-5214

PSA 8: Scenic Valley Area Agency on Aging
Dubuque, Iowa
Linda McDonald, Director
(319) 588-3970

PSA 9: Great River Bend Area Agency on Aging, Bi-State Metropolitan Planning Commission
Rock Island, Illinois
Marvin Webb, Director
(309) 793-6300

PSA 10: Heritage Area Agency on Aging
Kirkwood Community College
Cedar Rapids, Iowa
Russ Profitt, Director
(319) 398-5559

PSA 11: CrossRoads of Iowa Area Agency on Aging, Inc.
Des Moines, Iowa
Dorothy Tremel, Director
(515) 244-4046

PSA 13: Southwest Eight Area XIII Area Agency on Aging
Council Bluffs, Iowa
Frank Kowal, Director
(712) 328-2540

PSA 14: Area XIV Agency on Aging
Creston, Iowa
Lois Houston, Director
(515) 782-4040

PSA 15: Area XV Agency on Aging- Southeastern Iowa Economic Development Association (SIEDA)
Ottumwa, Iowa
Peggy Amos, Director
(515) 682-8741

PSA 16: Southeast Iowa Area Agency on Aging, Inc.
Burlington, Iowa
Dennis Zegarac, Director
(319) 752-5433